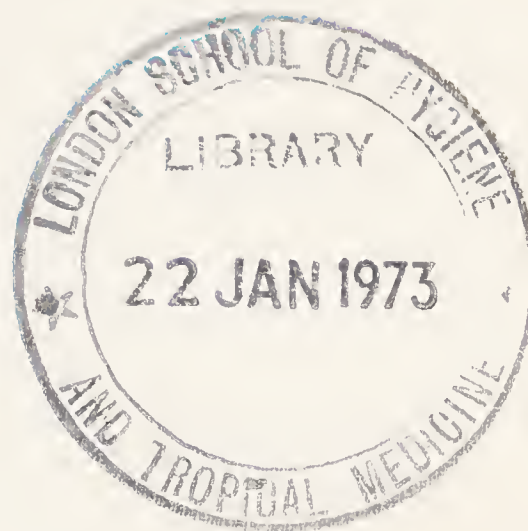


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HEALTH SERVICES  
OF THE  
CITY AND COUNTY OF

# NEWCASTLE UPON TYNE



REPORT OF THE MEDICAL OFFICER OF HEALTH

1971



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CITY AND COUNTY OF NEWCASTLE UPON TYNE

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**ANNUAL REPORT**

OF THE

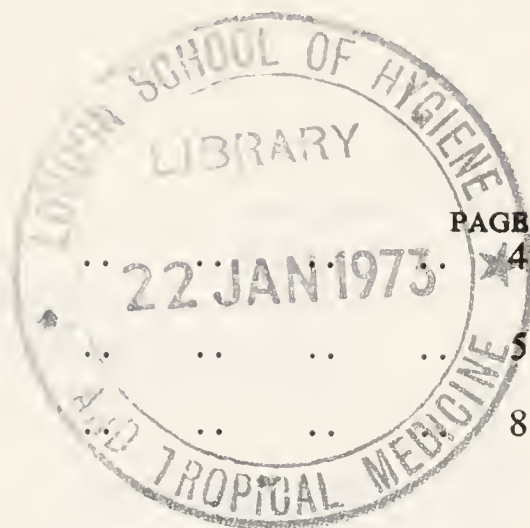
**MEDICAL OFFICER OF HEALTH**

FOR THE YEAR

**1971**







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## HEALTH COMMITTEE

(As at December 1971)

*Chairman:*

ALDERMAN MALCOLM THOMPSON, M.D., F.R.C.P.

*Vice-Chairman:*

ALDERMAN N. COOPER BAILEY, F.C.A.

Ald. Dr. Thomas W. Brown	Coun. Mrs. G. Harrison
Ald. K. W. Normanton, J.P.	Coun. Mrs. R. Morrow
Coun. Mrs. P. Collins	Coun. Mrs. T. S. Russell
Coun. Mrs. A. A. Davison	Coun. Mrs. A. I. Telford
Coun. Mrs. A. M. Evans	Coun. H. J. White
Coun. Mrs. V. H. Grantham	Coun. T. W. Yellowley
Coun. R. S. Grey	

# STAFF OF HEALTH DEPARTMENT

(as at 31st December, 1971)

## *Medical and Dental Staff:*

Medical Officer of Health and Principal School Medical Officer  
D. L. WILSON, M.B., Ch.B., D.P.H., D.T.M. & H.

Principal Medical Officer  
W. B. SHAW, M.B., B.S., D.P.H.

Senior Medical Officer (Child Health)  
Doris Story, M.B., B.S., D.P.H.

Senior Medical Officer (Geriatrics)  
Joyce F. Grant, M.R.C.S., L.R.C.P. (*Part-time*)

Medical Officers in Department  
B. Buckley, M.B., Ch.B.  
H. C. W. Carpenter, M.B., B.S., D.P.H.  
H. M. Dixon, M.D.  
J. H. Hindmarsh, M.B., B.S., D.P.H.  
L. Lombard, M.B., B.S., D.P.H.  
S. M. Payling, M.B., B.S. (*Resigned 7.4.71*)  
M. M. Szekely, M.B., B.Ch, D.P.H. (*Part-time*)  
W. M. Waggott, M.B., B.Ch. (*Part-time*)  
M. Y. Walls, M.B., B.S., D.P.H.  
R. J. Hall, M.B., B.S. (*Appt. 1.2.71*)

Honorary Medical Officers  
(*in conjunction with the University of Newcastle upon Tyne*)

J. H. Walker, M.D., D.P.H.  
G. M. Lowdon, M.B., ChB., M.R.C.P.

Senior School Medical Officer (*Education Committee*)  
H. S. K. Sainsbury, M.R.C.S., L.R.C.P.



Principal Dental Officer (*in conjunction with Education Committee*)

J. C. Brown, M.R.C.S., L.R.C.P., L.D.S.

1 Anaesthetist (*sessional*)

Chest Physicians (*in conjunction with Regional Hospital Board*)

J. R. Lauckner, M.B., F.R.C.P., F.R.F.P.S.

P. O. Leggatt, M.D., F.R.C.P.

E. A. Spriggs, D.M., F.R.C.P.

Adviser in Obstetrics

(*in conjunction with the Regional Hospital Board*)

Linton M. Snaith, M.D., F.R.C.S., F.R.C.O.G.

Adviser in Paediatrics

(*in conjunction with University Department of Child Health*)

F. J. W. Miller, M.D., F.R.C.P., D.C.H.

Adviser in Mental Health

(*in conjunction with the Regional Hospital Board*)

J. P. Child, B.M., M.R.C.P., D.P.M.

*Nursing and Allied Staffs:*

Director of Nursing Services

Miss F. E. Hunt, S.R.N., S.R.F.N., S.C.M., H.V., & P.H.N.A. CERTS.

Area Nursing Officer:

Miss A. Y. Sanderson, S.R.N., S.C.M., H.V. & H.V.T. CERTS.

9 Nursing Officers, 43 Health Visitors, 5 Assistant Nurses, 7 Students,

1 Immigrant Liaison Officer (*Part-time*)

11 Clerks, 2 Shorthand Typists

14 Midwives, 1 Clerk

38 District Nurses (9 Male, 20 Female), 8 Assistant Nurses,

13 Bath Orderlies, 2 Clerks



Welfare Foods Distribution Supervisor:

Mrs. O. B. Henderson

8 Assistants (6 part-time)

*Other Staffs:*

Vaccination and Immunisation—4 Clerks

Invalid Equipment—1 Clerk

1 Dental Technician (*in conjunction with Education Committee*)

*Public Health Inspector's Staff:*

Chief Public Health Inspector:

L. Mair, F.R.S.H., F.A.P.H.I.

Deputy Chief Public Health Inspector:

A. P. Robinson, M.R.S.H., M.A.P.H.I.

2 Divisional Inspectors, 6 Senior Inspectors, 12 Inspectors, 12 Technical Assistants, 1 Improvement Grant Administrator, 5 Authorised Meat Inspectors, 6 Pupil Inspectors, 8 Rodent Operators, 1 Smoke Investigator, 2 General Assistants, 1 Senior Administrative Assistant, 1 Administrative Assistant, 10 Clerks, 2 Typists

*Ambulance Staff:*

Chief Ambulance Officer:

H. M. Roberts, M.B.E., F.I.A.O.

33 Administrative, Supervisory, Training and Clerical Staff, 130 Operative Staff (Drivers, Attendants, Maintenance Staff, etc.)

*General Administration—Staff:*

Principal Administrative Assistant:

E. A. Moore, M.R.S.H., A.M.B.I.M.

2 Senior Administrative Assistants, 1 Administrative Assistant  
11 Clerks, 4 Typists

*To the Lord Mayor, Aldermen and Councillors of the Newcastle upon Tyne City Council.*

MY LORD MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting my Annual Report for 1971, being the ninety-ninth of the series of Annual Reports of the Medical Officer of Health of this City.

### **Vital Statistics**

In recent years the vital statistics relating to infants have been most encouraging but in 1971 the infant mortality and perinatal mortality rates rose to the highest levels since 1967. Since relatively small numbers of deaths are involved fluctuation is bound to occur. Neonatal mortality maintained the low levels of recent years but the stillbirth rate and the post neonatal mortality rate were both raised. As the latter was the highest recorded since 1951 these deaths have been carefully studied and a note on this included in Appendix III. There was a clustering of deaths due to acute bronchiolitis at the end of 1970 and the first quarter of 1971 and whilst it is tempting to postulate the increased prevalence of virus infection the evidence is not conclusive.

There were fewer than ever births in the City and the birth rate must have been the lowest ever although this is obscured by the inflated estimates of population in recent years now corrected by the 1971 Census figures.

The death rate is rising slightly, continuing about one fifth higher than the national figure. One in eight of deaths in men were due to lung cancer, deaths from this cause being the highest ever. Taking into account deaths from lung cancer as well as chronic bronchitis and coronary artery disease it would not be unreasonable on the evidence presented by the Royal College of Physicians to attribute 158 deaths of men aged 35 to 64 years to cigarette smoking, undoubtedly a major preventable cause of much ill health and death.

### **Community Health Services**

Agreement was reached on a reorganised management structure for the nursing services on the lines of the Mayston Report. By the end of the year new appointments had been made and the advantages of a more rational management organisation is to be expected in

1972. Meantime progress has been made in developing the attachment of local authority health visitors and district nurses to general practitioners and the aim must now be to plan complete deployment of these staff through attachment schemes.

The Walker Health Centre has proved highly satisfactory and two further health centres are under construction.

## Health Education

Health education is a field with wide opportunities which health visitors are increasingly taking up. The visit of the Health Education Council's mobile caravan unit not only stimulated staff interest in the educational aspect of cancer prevention but also demonstrated the value of taking health education to "the market place" and showed how many members of the public take advantage of seeking information when attracted by a suitable display in a public place.

## Epidemiology

Dr. Wigfield has drawn attention to the success of contact tracing in the control of venereal disease in this area,\* a scheme conceived by the late Sir John Charles in 1944 when Medical Officer of Health of the City. It is estimated that efficient tracing lowers the rate of venereal disease by about 20%.

There was a marked decrease in the incidence of tuberculosis, to which Dr. J. R. Lauckner has drawn attention. Whilst one can expect random variation, the reduction is encouraging.

Experience with the computer programme for vaccination and immunisation recording and appointments obtained from Leicestershire in 1967 led to a completely re-written programme with additional data bank facilities in respect of children born in the City including the use of visual display terminals which will be operative in 1972. Immunisation acceptance rates remain below average but improvements have been seen in the increase of primary immunisations by general practitioners and a marked increase in booster doses against poliomyelitis. Importation of diphtheria and poliomyelitis from abroad is a very real possibility against which efforts must be continued to maintain a well protected community.

\* "27 Years of Uninterrupted Contact Tracing: The 'Tyneside Scheme'."  
Wigfield, A. S. (1972) Brit. J. Vener. Dis. 48, 37.



## **Environmental Health**

In a year when pollution came so much to the public eye through the various news media it was encouraging to reintroduce smoke control into areas where the Order had unfortunately been suspended because of the shortage of smokeless fuel. By the end of the year plans for an earlier completion of the smoke control programme were under active consideration.

The City is making advances in improving housing both by the accelerated slum clearance programme aiming now at 1,500 houses a year for the next 10 years as well as through improvement grants which are bringing some of the older properties up to acceptable standards.

## **Health and Social Services**

In implementation of the Local Authority Social Services Act 1970 a major reorganisation occurred in April when the Social Services Department was set up and many staff were transferred from the former Health and Social Services Department. With good relations between departments the changeover took place smoothly and it is now important to maintain and improve liaison between the two departments to ensure good health and social services to people in this City. The Health Department now undertakes to furnish medical advice to the Social Service Department. Dr. Joyce Grant continues to be closely involved in the care of the elderly and physically handicapped in association with the new department, whilst Dr. Doris Story and Dr. W. B. Shaw have advisory roles in the fields of child health and mental health respectively. Regular joint co-ordinating meetings of senior staff discuss matters of mutual concern whilst in several areas of the City the multi-disciplinary co-ordinating committees are taking on a wider role.

Publication of the Consultative Document brought the reorganisation of the National Health Service one step nearer. It is now becoming clear that just as the setting up of Social Service Departments has stimulated a new look at these services, so the Health Service will have the opportunity of looking afresh at the health needs of the community and the health services required to meet them. Although the National Health Service is to be organised outside local government the decision that Area Health Authorities and the new Local Government Authorities will have co-terminous

areas should go a long way to ensuring parallel co-ordinated services to meet the needs of individuals whose health and welfare needs are so often inter-related.

### **Acknowledgements**

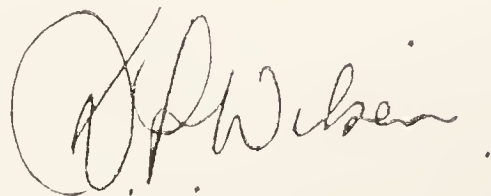
I should like to thank the Chairman, Vice-Chairman and Members of the Health Committee for their interest and support, which is appreciated by all staff in the department.

I am most grateful to those who have contributed to this Report, many of whom are named and to all members of staff for their loyal support.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

A handwritten signature in dark ink, appearing to read 'J. P. Wilson', with a large circular flourish at the beginning.

*Medical Officer of Health.*

*Health Department,  
Civic Centre,  
Newcastle upon Tyne, NE1 8PB.  
September 1972.*





CITY AND COUNTY OF NEWCASTLE UPON TYNE

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**I—GENERAL**

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MORTALITY TABLES,  
SOCIAL CONDITIONS, CLIMATOLOGY,  
WATER SUPPLY, CREMATION, etc.

## VITAL STATISTICS

(Set out in the order laid down in Department of Health and Social Security Circular 1/72).

Live Births	..	..	..	..	3,155
Live Birth Rate (Crude)	..	..	..	..	14.25 per 1,000 population
Live Birth Rate (Corrected)	..	..	..	..	15.68 per 1,000 population
Illegitimate Live Births per cent of total Live Births	..	..	..	..	12.9
Stillbirths	..	..	..	..	54
Stillbirth Rate	..	..	..	..	16.83 per 1,000 live and stillbirths
Total Live and Stillbirths	..	..	..	..	3,209
Infant Deaths	..	..	..	..	70
Infant Mortality Rate—					
Total	..	..	..	..	22.19 per 1,000 live births
Legitimate only	..	..	..	..	22.09 per 1,000 legitimate live births
Illegitimate only	..	..	..	..	22.84 per 1,000 illegitimate live births
Neonatal Mortality Rate	..	..	..	..	11.09 per 1,000 total of live births
Early Neonatal Mortality Rate	..	..	..	..	9.51 per 1,000 total live births
Perinatal Mortality Rate	..	..	..	..	26.18 per 1,000 total live and still births
Maternal Deaths (including abortion)	—				
Maternal Mortality Rate	..	..	..	..	0.00 per 1,000 live and stillbirths

## OTHER STATISTICS

Population     ..     ..     ..     ..     221,390

Area     ..     ..     ..     ..     11,401 acres

Deaths     ..     ..     ..     ..     3,041

Death Rate (Crude)     ..     ..     13·74 per 1,000 population

Death Rate (Corrected) ..     ..     15·11 per 1,000 population

### Tuberculosis Death Rates—

All Forms     ..     ..     ..     0·054 per 1,000 population

Pulmonary     ..     ..     ..     0·000 per 1,000 population

Non-Pulmonary ..     ..     ..     0·054 per 1,000 population

### Cancer Death Rates—

All Forms     ..     ..     ..     3·16 per 1,000 population

Lung and Bronchus     ..     ..     1·13 per 1,000 population

Other Sites     ..     ..     ..     2·03 per 1,000 population

Marriage Rate ..     ..     ..     20·22 per 1,000 population

Inhabited Houses     ..     ..     ..     80,304

Rateable Value     ..     ..     ..     £12,962,521

Product of 1p Rate     ..     ..     ..     £122,187

## GENERAL STATISTICS

### Population

The population as estimated by the Registrar General was 221,390, a fall of 15,000 from the mid-1970 estimate. This new figure based on the 1971 census shows that the annual fall in the population of the City has been greater than that estimated by the Registrar General; as a result the rates calculated for births and deaths in recent years have been approximately 0·6 per thousand too low.

### Births

There were 3,155 live births recorded, representing a crude birth rate of 14·3 per thousand population, as compared with a rate of 14·1 in 1970. As mentioned above, the change in the population figures casts doubt upon the accuracy of rates in recent years. As there were 181 births less than in 1970 the actual birth rate fell again and continues to be below that for England and Wales—16·0.

LIVE BIRTHS				STILL BIRTHS		
Sex	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male	1,397	198	1,595	26	2	28
Female	1,364	196	1,560	22	4	26
Totals	2,761	394	3,155	48	6	54

### BIRTH RATE per 1,000 POPULATION

Year			England and Wales	Newcastle upon Tyne (corrected)	Northumberland (corrected)
1971	..	..	16.0	15.7	16.0
1970	..	..	16.0	14.1	14.1
1969	..	..	16.3	13.8	13.8
1968	..	..	16.9	14.9	14.2
1967	..	..	17.2	15.4	14.8
1966	..	..	17.7	16.7	15.1
1965	..	..	18.1	17.3	16.3
1964	..	..	18.4	17.3	17.0
1963	..	..	18.2	17.8	17.3
1962	..	..	17.9	17.3	16.9
1961	..	..	17.6	17.6	16.4
1960	..	..	17.1	18.1	16.3
1959	..	..	16.5	18.6	16.9



## **Deaths**

The net deaths amounted to 3,041 equivalent to a crude rate of 13.74 per 1,000 population as compared with a rate of 13.37 per 1,000 population in 1970. The death rate England and Wales for 1971 was 11.6.

## **Infant Mortality**

Seventy infants died before completing the first year of life, representing a rate of 22.19 per 1,000 live births, last year the rate was 20.38 per 1,000 live births and the England and Wales rate for 1971 was 18.0.

Of the 70 infant deaths, 35 occurred before attaining the age of one month making a neonatal mortality rate of 11.09 as compared with the England and Wales rate of 12.0.

Thirty children died before reaching the age of one week and this figure together with the still births gave a perinatal mortality rate of 26.18 per 1,000 total births. The perinatal and the infant death rate are higher than they have been since 1967, associated with more stillbirths and more post neo-natal deaths. The post neonatal death rate of 11.10 was the highest since 1951 (see Appendix VI).

## **Maternal Mortality**

The only maternal death which occurred lived outside the City and was transferred to a City hospital during labour.

## **Tuberculosis**

Twelve persons died from tuberculosis during the year, all being pulmonary cases, giving death rate of 0.054. The provisional national rate for all forms of tuberculosis is 0.03 per 1,000 population.

## **Marriages**

2,238 marriages took place during the year, representing a marriage rate of 20.22 per 1,000 population, compared with 20.65 in 1970.

## **Cremation**

During 1971, there were 3,461 cremations carried out in the City, 71 more than last year. Of the cremations performed 1,790 were in respect of Newcastle residents, this figure being 52% of the total.

The percentage of City residents who died in 1971 and were cremated was 59.

The Medical Referee required nine post-mortem examinations, largely because of the time elapsing between death and the deceased being last seen by the doctor. Copies of the findings were sent to the doctors concerned. It was not found necessary to refuse authorisation of any cremation.

## NATURAL AND SOCIAL CONDITIONS

### Geology

The geological formation of the area consists of heavy clay on the top of hard sandstone, which overlies coal seams.

### Climatology

Hours of sunshine in the City were only slightly below those in 1970. July was the warmest month, January and February the coldest

The following table includes the sunshine records taken at the Newcastle upon Tyne University, and Cockle Park (Morpeth).

METEOROLOGICAL RECORDS 1971					
Month	SUNSHINE HOURS		RAINFALL AND TEMPERATURES		
	N'cle. Univer- sity	Cockle Park	Jesmond Dene		
			Rainfall (milli- metres)	Mean Max. Temp. °F.	Mean Min. Temp. °F.
January ..	35.6	32.4	51.0	39.0	35.1
February ..	80.9	91.8	19.0	44.9	34.9
March ..	72.8	81.5	74.0	45.2	36.1
April ..	126.7	116.7	48.0	50.2	39.0
May ..	239.2	224.0	34.0	59.6	43.6
June ..	156.5	116.6	62.0	58.9	46.5
July ..	224.0	208.3	43.4	68.1	52.8
August ..	127.7	131.6	148.7	64.9	51.7
September	148.5	133.3	8.0	64.5	48.9
October ..	116.7	111.0	17.8	58.9	43.3
November	65.8	70.6	68.5	49.9	37.9
December	31.6	35.5	21.8	48.5	39.7
Totals ..	1426.0	1353.3	496.2	—	—
Averages ..	118.8	112.7	41.3	54	42
1970 Averages	121.3	119.4	1.91 ins.	54	40



## Water Supply

Details relating to the City's water supply are shown in the Chief Public Health Officer's section of this report (see page 154).

## Sewerage

There are 490.2 miles of sewers in the City, discharging directly into the River Tyne at various points along the  $8\frac{1}{2}$  miles of river frontage.

The Tyneside Joint Sewerage Board continues its work with a view to reducing pollution of the River Tyne estuary and adjacent sea beaches.

## Cleansing and Scavenging

A weekly collection of refuse is made from all domestic premises, and twice weekly from certain business premises.

## Social Conditions

The number of registered male and female unemployed at the beginning and end of the year is shown in the following table supplied by the Department of Employment and Productivity.

Date	Males	Females	Total
January, 1971 .. .. .	6,690	949	7,639
December, 1971 .. .. .	8,001	1,180	9,181

## Inhabited Houses

There were 80,034 inhabited houses which, on the estimated population, showed an average of 2.8 persons per dwelling.

## Rateable Value

A penny rate produced £122,187, the gross rateable value being £12,962,521 compared with £12,883,254 in 1970.

## Vital Statistics of Whole City during 1971 and previous years

YEAR	Population estimated Mid- Year	LIVE BIRTHS			TOTAL DEATHS REGIST- ERED IN THE CITY	TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE CITY				
		Uncor- rected Number	Net			Number	of Non- resi- dents regis- tered in the City	of Resi- dents not reg- istered in the City	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	
1925	286,300	7,031	6,215	21.6	4,732	989	165	550	88	3,908	13.6	
1926	284,700	6,728	6,007	21.0	4,460	979	161	530	88	3,642	12.8	
1927	288,500	6,215	5,395	18.7	4,468	1,058	178	474	88	3,588	12.4	
1928	281,500	6,360	5,429	19.2*	4,683	1,178	179	447	82	3,684	13.1	
1929	283,400	6,120	5,126	18.1	5,040	1,313	172	438	85	3,899	13.8	
1930	283,400	6,190	5,223	18.4	4,665	1,232	133	384	74	3,566	12.6	
1931	283,600	6,058	5,056	17.8	4,911	1,251	145	467	92	3,805	13.4	
1932	285,100	6,006	4,883	17.1	4,579	1,174	134	370	76	3,539	12.4	
1933	286,500	5,770	4,712	16.4	4,695	1,182	127	359	76	3,640	12.7	
1934	287,050	5,848	4,695	16.4	4,823	1,322	145	389	83	3,646	12.7	
1935	292,700†	5,895	4,666	16.0	5,040	1,489	121	400	86	3,672	12.6	
1936	290,400	5,709	4,537	15.6	5,148	1,421	151	408	90	3,878	13.1	
1937	290,400	5,996	4,796	16.5	5,107	1,403	160	435	91	3,864	13.3	
1938	291,300	6,101	4,678	16.1	4,866	1,413	168	307	66	3,621	12.4	
1939	293,400	5,855	4,646	15.8	4,804	1,328	185	289	62	3,661	12.9\$	
1940	255,900	5,501	4,519	17.6	4,727	1,181	187	284	64	3,733	14.6†	
1941	254,960	4,599	4,176	16.4	4,905	1,208	254	315	76	3,951	15.5\$	
1942	254,100	4,686	4,289	16.9	4,398	1,140	222	255	59	3,480	13.7\$	
1943	254,890	5,162	4,548	17.8	4,759	1,235	185	291	64	3,709	14.6\$	
1944	262,920	6,799	5,359	20.4	4,585	1,298	221	270	50	3,508	13.3\$	
1945	265,990	5,950	4,836	18.2	4,469	1,234	200	192	40	3,435	13.0\$	
1946	283,740	8,219	6,079	21.4	4,569	1,242	188	249	41	3,515	12.4	
1947	290,470	8,512	6,449	22.2	4,726	1,190	211	286	44	3,747	12.9	
1948	293,600	7,414	5,705	19.4	4,504	1,215	186	217	38	3,475	11.8	
1949	294,540	6,916	5,377	18.3	4,740	1,215	232	213	39	3,757	12.7	
1950	294,800	6,473	5,051	17.1	4,720	1,110	315	170	34	3,925	13.3	
1951	291,700	6,053	4,803	16.5	4,535	976	341	166	34	3,900	13.4	
1952	289,800	5,982	4,792	16.5	4,099	1,012	337	140	29	3,424	11.8	
1953	289,700	6,313	4,922	17.1	4,040	1,018	137	132	27	3,159	10.9	
1954	286,500	5,984	4,852	16.9	4,076	1,041	196	124	25	3,231	11.3	
1955	281,000	5,910	4,705	16.7	4,285	1,053	245	158	33	3,477	12.4	
1956	277,100	6,256	4,913	17.7	4,068	1,056	267	121	25	3,279	11.8	
1957	275,100	6,506	4,998	18.2	4,299	1,186	281	116	23	3,394	12.3	
1958	272,400	6,778	5,069	18.6	4,221	1,115	302	126	25	3,408	12.5	
1959	271,100	6,601	5,201	19.2	4,228	1,256	304	139	27	3,276	12.1	
1960	268,970	6,409	5,029	18.7	4,365	1,258	297	134	27	3,403	12.7	
1961	267,230	6,152	4,840	18.1	4,236	1,236	281	118	24	3,281	12.3	
1962	267,090	6,102	4,767	17.8	4,349	1,377	259	106	22	3,330	12.5	
1963	263,360	5,987	4,700	17.8	4,406	1,329	253	105	22	3,413	13.0	
1964	260,750	5,602	4,516	17.3	4,151	1,215	240	113	25	3,176	12.2	
1965	257,460	5,661	4,456	17.3	4,521	1,402	271	112	25	3,390	13.2	
1966	253,780	5,072	4,239	16.7	4,266	1,695	274	106	25	3,100	12.2	
1967	251,650	5,173	3,867	15.4	4,075	1,366	300	93	24	3,009	12.0	
1968	244,880	5,937	3,649	14.9	4,297	1,357	288	76	21	3,216	13.1	
1969	240,340	5,591	3,309	13.8	4,386	1,456	252	54	16	3,182	13.2	
1970	236,730	6,159	3,336	14.1	4,326	1,542	292	68	20	3,166	13.4	
1971	221,390	6,348	3,155	14.3	4,368	1,568	241	70	22	3,041	13.7	

§Calculated on a population of 282,000.

\*Civilians only.

†Rates calculated on a population of 291,025.

‡Death-rate calculated on a population of 283,290.



	Total Number of Cancer Deaths	Death Rate per 1,000 Popula- tion	RESPIRATORY ORGANS ONLY									
			Males					Females				
			Under 25	25-44	45-64	Over 65	Total	Under 25	25-44	45-64	Over 65	Total
1943	533	2.09	—	4	43	11	58	—	3	7	7	17
1944	519	1.97	—	3	30	19	52	—	1	4	4	9
1945	510	1.92	1	2	30	13	46	—	2	15	6	23
1946	538	1.90	1	5	37	19	62	—	—	12	5	17
1947	514	1.77	—	4	43	21	68	—	—	10	9	19
1948	590	2.01	—	7	56	22	85	—	1	7	9	17
1949	558	1.89	—	6	44	21	71	—	—	9	13	22
1950	644	2.18	—	3	55	34	92	—	—	10	7	17
1951	585	2.01	—	6	52	27	85	—	2	8	8	18
1952	614	2.12	5	5	58	30	98	—	1	10	10	21
1953	607	2.09	—	7	54	38	99	—	3	7	4	14
1954	554	1.93	—	6	74	28	108	—	1	4	11	16
1955	638	2.27	—	7	79	46	132	—	—	14	5	19
1956	591	2.13	—	4	61	46	111	—	2	8	6	16
1957	648	2.36	—	10	61	55	126	—	1	12	5	18
1958	666	2.44	—	6	77	59	142	—	3	13	11	27
1959	638	2.35	1	5	73	60	139	—	1	13	8	22
1960	671	2.49	—	7	96	67	170	—	1	7	18	26
1961	636	2.38	—	7	88	58	153	—	—	14	8	22
1962	681	2.55	—	7	102	71	180	—	3	9	13	25
1963	688	2.61	—	7	95	81	183	—	1	11	15	27
1964	656	2.52	—	2	102	68	172	1	3	17	20	41
1965	689	2.68	—	6	90	89	185	—	2	10	13	25
1966	607	2.39	—	6	86	55	147	—	1	11	13	25
1967	687	2.73	—	4	72	92	168	—	2	11	16	29
1968	699	2.85	—	2	75	83	160	—	—	16	14	30
1969	674	2.80	—	1	76	103	180	—	—	12	22	34
1970	691	2.92	—	4	96	81	181	—	2	12	22	36
1971	700	3.16	—	1	98	104	203	—	1	27	19	47



## COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES 1971

	Newcastle upon Tyne	Gateshead	South Shields	Sunderland	Tynemouth	Northumberland	Durham
Registrar General's estimated population ..	221,390	94,680	100,220	215,650	68,740	505,720	820,030
Comparability factor:							
(a) Births .. .. .	1.10	0.97	0.98	0.93	0.98	1.01	1.00
(b) Deaths .. .. .	1.10	1.00	1.16	1.18	1.07	1.03	1.16
Crude birth rate per 1,000 population ..	14.25	17.2	13.9	17.4	14.92	14.89	16.00
Birth rate as adjusted by factor .. ..	15.68	16.7	13.6	16.2	14.62	15.04	16.00
Crude death rate per 1,000 population ..	13.74	12.6	12.6	11.3	12.08	12.37	11.70
Death rate as adjusted by factor .. ..	15.11	14.4	14.6	13.3	12.92	12.74	13.60
Illegitimate live births per cent. of total live births	12.90	9.51	10.00	8.00	8.96	5.98	6.00
Infant mortality rate per 1,000 live births ..	22.19	19.00	19.00	19.00	21.44	13.55	19.00
Neonatal mortality rate per 1,000 live births ..	11.09	14.00	13.00	12.00	12.67	9.56	12.00
Perinatal mortality rate per 1,000 total births ..	26.18	33.00	20.00	23.00	23.09	19.18	22.00
Stillbirth rate per 1,000 total births .. ..	16.83	21.00	11.00	13.00	12.51	11.17	13.00
Maternal mortality rate per 1,000 total births	—	—	—	—	0.96	—	—
Tuberculosis rates per 1,000 population:							
Primary Notification:							
(a) Respiratory .. .. .	0.24	0.48	0.32	0.51	0.20	0.12	0.19
(b) Non-Respiratory .. .. .	0.08	—	0.03	0.06	0.04	0.02	0.03
Deaths:							
(a) Respiratory .. .. .	0.05	0.01	0.06	0.03	—	0.02	0.02
(b) Non-Respiratory .. .. .	—	—	0.02	—	—	0.002	—
Death Rates per 1,000 population from:							
Cancer:							
all forms (including Leukemia and Aleukaemia) .. .. .	3.16	2.57	2.64	2.34	2.58	2.46	2.34
Lungs and Bronchus only .. .. .	1.13	1.01	0.74	0.64	0.77	0.71	0.64
Meningococcal Infections .. .. .	—	—	0.01	—	—	0.004	—
Whooping Cough .. .. .	—	—	—	—	—	—	—
Influenza .. .. .	—	0.01	0.01	0.01	0.05	0.008	0.01
Measles .. .. .	—	—	—	—	—	0.002	—
Acute Poliomyelitis and Encephalitis .. .. .	—	—	—	—	—	—	—
Diarrhoea (under two years) .. .. .	0.004	—	0.02	—	0.04	—	0.01
Diarrhoea (under two years) per 1,000 live births .. .. .	0.32	—	1.43	—	2.92	—	0.76

(— indicates no deaths)







### Causes of Death at Different Periods of Life for 1971

(REGISTRAR GENERAL'S RETURN)

[illegible]

**Causes of Death at Different Periods of Life for 1971—continued**

[illegible]

Causes of Death at different periods of life for 1971—*continued*

Causes of Death	Sex	All ages	Under four weeks	Four weeks and under 1 year	AGE IN YEARS									
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over	
Other Diseases of Genito-Urinary System	M F	5 9	— —	— —	— —	— —	— —	— —	— —	— —	— 2	— 1	2 1	3 5
Diseases of Skin Subcutaneous Tissue	M F	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 1
Diseases of Musculo-Skeletal System	M F	3 5	— —	— —	— —	— —	— —	— —	— —	— —	— 2	— 2	— 3	1 —
Congenital Abnormalities	M F	7 13	1 7	4 2	— 1	1 —	— 2	— —	— —	— —	— 1	1 —	— —	— —
Birth Injury, etc.	M F	6 7	6 7	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Other Causes of Perinatal Mortality	M F	6 4	6 4	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Ill Defined Conditions ...	M F	4 4	— —	2 2	— —	— —	— —	— —	— —	— 1	— —	— —	— —	1 2
Motor Vehicle Accidents ...	M F	24 17	— —	— —	2 —	3 2	6 3	2 —	1 —	2 2	1 3	4 3	3 4	3 4
All Other Accidents ...	M F	37 50	— —	2 —	1 2	2 —	3 1	5 —	5 —	— —	4 1	8 11	7 35	7 35
Suicide ...	M F	16 11	— —	— —	— —	— —	— —	4 1	3 2	1 3	4 2	4 2	— 1	— 1
Other External Causes...	M F	10 4	— —	— 1	— —	— —	1 —	2 —	2 1	3 1	2 1	— —	— —	— —
Total All Causes ...	M F	1605 1436	14 21	16 19	6 9	8 5	16 8	23 8	37 22	154 77	374 176	498 365	459 726	459 726



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## **II—NATIONAL HEALTH SERVICES ACTS**

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# MATERNAL AND CHILD HEALTH AND NURSING SERVICES

(*Dr. D. Story, Senior Medical Officer*  
*Miss F. E. Hunt, Director of Nursing Services*)

## CONGENITAL MALFORMATIONS

The following table of congenital malformations detectable at birth is compiled from information received from hospital doctors, general practitioners and local authority staff.

A substantial increase in the incidence of malformations notified compared with previous years has occurred, and the number of children with defects has almost doubled despite a fall in the total number of births.

### Congenital Malformations Notified, Newcastle upon Tyne

	1966	1967	1968	1969	1970	1971
0. Central Nervous System	38	23	21	15	19	22
1. Eye, Ear	3	—	2	2	7	7
2. Alimentary System	8	11	5	10	8	14
3. Heart and Great Vessels	2	2	5	4	4	8
4. Respiratory System	3	2	—	2	2	3
5. Urogenital System	2	1	7	14	6	13
6. Limbs	14	12	19	20	28	30
7. Other Skeletal	1	—	2	2	1	2
8. Other Systems	3	1	3	2	4	8
9. Other Malformations	2	6	3	3	4	6
<b>TOTAL DEFECTS</b>	<b>86</b>	<b>60</b>	<b>67</b>	<b>74</b>	<b>83</b>	<b>113</b>
No. of Children with Defects	54	47	56	55	58	100
Total Births	4,239	3,939	3,707	3,395	3,415	3,209
No. of Children with Congenital Defects per 1,000 Live and Still Births	12.8	11.9	15.1	14.7	16.9	31.01
No. of Children with Congenital Defects per 1,000 Live and Still Births (England and Wales)	15.8	16.6	20.0	17.3	17.6	N.A.

## REGISTER OF HANDICAPPED CHILDREN

This register has continued during the year. The children in need of help are referred mainly by health visitors and medical officers of the Local Authority, and occasionally by pediatricians from the hospitals.

Some of the children are placed in nurseries or nursery classes for a time to help the children and to watch their development. The nature and extent of the handicap is assessed with the help of paediatricians and specialists in the hospitals and it is decided what care or special education the child may need. Eventually we hope to place them in schools suited to their physical and mental ability.

During the year the children were placed in the following schools.

Normal School	..	..	17
Sheriff Leas	..	..	12
Pendower Hall	..	..	6
Percy Hedley	..	..	4
Prudhoe Hall	..	..	1
Partially Hearing Unit	..	..	2

At the end of the year there were 77 children on the register born in the following years.

1965	1966	1967	1968	1969	1970	1971
<u>3</u>	<u>2</u>	<u>15</u>	<u>19</u>	<u>17</u>	<u>19</u>	<u>2</u>

## STATISTICAL INFORMATION

### Births

Of the 3,224 City births notified, 3,113 occurred in hospital, nursing homes, etc., as shown below:—

	1971	1970
Hopedene Maternity Home .. ..	24	31
Princess Mary Maternity Hospital .. ..	690	669
Newcastle General Hospital .. ..	2,012	2,096
Hexham Hospital .. ..	13	8
The Green, Wallsend .. ..	215	258
Willington Quay Maternity Home .. ..	32	34
Preston Hospital, North Shields .. ..	109	109
Queen Elizabeth Hospital, Gateshead .. ..	7	1
Others .. ..	11	12
	<u>3,113</u>	<u>3,218</u>



## ATTENDANCES OF CHILDREN AT CHILD HEALTH CENTRES

(1)	Number of children who attended during the year (2)	Number of children who first attended Centres during the year		Total number of attendances made by children included in Col (2) during the year		Average sessional attendances 0-4 years (7)
		Under 1 year (3)	Over 1 year (4)	Under 1 year (5)	Over 1 year (6)	
1971	8,005	2,441	280	27,071	15,022	29
1970	9,149	3,011	366	29,744	18,676	32

## Reference for Consultant Advice

Children were referred from child health clinics for specialist advice and treatment to:—

Newcastle General Hospital	..	..	..	98
Royal Victoria Infirmary	..	..	..	57
Fleming Memorial Hospital	..	..	..	2
Sanderson Orthopaedic Hospital	..	..	..	79
Walkergate Hospital	..	..	..	2
Nuffield Child Psychiatric Unit	..	..	..	1
Hearing Assessment Clinic	..	..	..	15
Speech Therapy	..	..	..	11
Dental Hospital	..	..	..	—

## ANTE-NATAL CLINICS

The need for the Local Authority to run separate ante-natal sessions has now ceased. The clinics however are available for general practitioners to hold ante-natal sessions for their own patients at which the Local Authority's midwife is also present. During the year eight clinics were used by eleven G.P.'s for this purpose.

Mothercraft and relaxation sessions continue to be held generally in conjunction with the G.P.'s ante-natal session. During the year 71 women made 544 attendances.

## WELFARE FOODS

During the year a number of changes took place in the entitlement to free welfare milk and food and also in the type of provision of welfare food.

In April the provision of cheap welfare milk for expectant mothers and young children was withdrawn but the entitlement to free welfare milk and foods was extended. Free welfare milk is now available to the third and subsequent child in a family which has three or more children under school age; to expectant mothers who have two children under school age; to certain handicapped children aged 5–16 years who are unable to attend school; to foster mothers caring for three or more children under school age; to families in receipt of Supplementary Benefit, or Family Income Supplement; and to families on low income. The provisions whereby children attending day nurseries, play groups, or registered child minders could receive one-third of a pint of milk for each daily attendance was continued.

Changes affecting the manner of supplying vitamins A., D. and C. also took effect. From April Cod Liver Oil containing Vitamins A. and D. was phased out and notice was given that this would also happen to orange juice at the end of the year when both would be replaced by a new preparation containing all three vitamins which could be added by means of a dropper to milk or food.

The amount of National Dried Milk supplied was again considerably less than in previous years but the substitution of A. D. and C. drops towards the middle of the year showed an improvement when compared to the previous year's sales of Cod Liver Oil. There was also a considerable rise in the distribution of 'free' orange juice.

Cash received totalled £6,259.95.

The amount of cash taken for Proprietary Foods was £6,647.08 (£7,645 in 1970).

	National Dried Milk	Cod Liver Oil	A.D.C. Drops	A. & D. Tablets	Orange Juice
Paid .. ..	3,377	1,018	2,480	2,363	49,935
Free .. ..	6,512	546	2,044	328	7,984
At 20p .. ..	9,447	—	—	—	—
Day Nurseries ..	13	36	92	—	254
<b>Total ..</b>	<b>19,349</b>	<b>1,600</b>	<b>4,616</b>	<b>2,691</b>	<b>58,173</b>

### CERVICAL CYTOLOGY

City clinics carried out 201 fewer smears than in 1970. Six women, three of whom were under 35 years of age, were referred for further investigation. Follow-up clinics for women who first attended in 1965 and 1966 commenced in April. There were no referrals from this source.

	1971		1970
	1st Appt.	Follow-up	
Attendances .. .. .	537	342	738
Referrals for further investigations	6	—	4
Proved Malignant .. .. .	2	—	1

### NURSING HOMES

No. registered .. .. .	3
No. of beds provided .. .. .	Maternity 6 Others 81

All Nursing Homes were visited by medical and nursing officers during the year and were found to be of a reasonably good standard.

### DAY NURSERIES

The new Social Services Department set up in 1971 is now responsible for day care of pre-school children including day nurseries. Each nursery has a departmental medical officer responsible for medical examination of children in the nursery.

Handicapped children can benefit greatly from admission to a nursery which may help the child to develop physically, mentally and socially and thus enables a better decision about his future placement. Fifty sessions in the nurseries are given free to handicapped children. A senior medical officer visits all the day nurseries to assist in the care and assessment of these children.

At the end of the year there were five day nurseries in the City providing accommodation for 250 children.

### Nurseries and Child Minders Regulation Act, 1948 (Amended 1968)

Thirty-one premises providing 739 places were registered by the Social Services Department under the above Act, and 28 child minders providing 173 places were on the register at the end of the year.



## VACCINATION AND IMMUNISATION

The computer vaccination and immunisation scheme for scheduling appointments and maintaining immunisation records was extended to include several other general practitioners and during the year a new programme was prepared which will come into use at the beginning of 1972 with the introduction of a computer terminal in the Health Department. The proportion of immunisations undertaken by general practitioners has increased, probably associated with the computer scheme. There was also an increase in the number of booster immunisations.

The ending of smallpox vaccination as a routine procedure in early childhood was a major change in the programme this year. This change in policy had become possible through the extensive smallpox eradication programme of the World Health Organisation as a result of which the chance of smallpox importation into Britain has substantially diminished. The risk of complications following vaccination, although small, is now out of proportion to the risk from smallpox in this country.



## DIPHTHERIA IMMUNISATION

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR RE-IMMUNISATION DIVIDED INTO AGE GROUPS (1970 figures in brackets)

	Under 5 years	5—15 years	Total
<i>Primary Immunisation</i>			
Clinics .. .. .	1,527 (1,615)	564 (1,323)	2,091 (2,938)
General Practitioners ..	588 (453)	12 (11)	600 (464)
<i>Re-Immunisations</i>			
Clinics .. .. .	830 (1,315)	1,101 (239)	1,931 (1,554)
General Practitioners ..	272 (183)	237 (123)	509 (306)
Totals			
Primary .. .. .	2,115 (2,068)	576 (1,334)	2,691 (3,402)
Re-Immunisations ..	1,102 (1,498)	1,338 (362)	2,440 (1,860)

## DIPHTHERIA IMMUNISATION

NUMBER OF CHILDREN UNDER 16 YEARS PROTECTED AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS

## PRIMARY IMMUNISATION

Year	Pertussis	Diphtheria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diphtheria	Total Pertussis	Total Tetanus
1971	24	37	2,083	595	162	2,715	2,107	2,840
1970	—	34	2,161	1,207	1,156	3,402	2,161	4,524

## RE-IMMUNISATIONS

Year	Per- tussis	Diph- theria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diph- theria	Total Pertussis	Total Tetanus
1971	—	13	231	2,196	2,018	2,440	231	4,445
1970	6	32	186	1,642	994	1,860	192	2,822

## ORAL POLIOMYELITIS VACCINATION

NUMBER OF INDIVIDUALS WHO RECEIVED PRIMARY (THREE  
DOSES) OR BOOSTER DOSE  
(1970 figures in brackets)

Completed Primary Course (3 doses)	Under 5 Years	School Children 5—15 Years	15—19 Years	20 Years & over	Total
Child Health Clinics ..	1,423	2	—	—	1,425 (1628)
School Clinics .. ..	—	633	7	—	640 (768)
G.P. Surgeries ..	610	34	51	—	695 (606)
Medical room Civic Centre ..	—	—	— (113)	—	— (113)
Total .. ..	2,033	669	58	—	2,760 (3,115)
Booster Doses					
Child Health Centres ..	783	65	—	—	848 (726)
School Clinics .. ..	62	2,546	471	—	3,079 (2,069)
G.P. Surgeries ..	266	244	93	—	603 (391)
Medical Room Civic Centre ..	—	—	56	—	56 (—)
Total .. ..	1,111	2,855	620	—	4,586 (3,184)

## SMALLPOX VACCINATION

NUMBER OF INDIVIDUALS SUCCESSFULLY VACCINATED AGAINST SMALLPOX  
1970 figures in brackets

January—December 1971

	Under 1 year	1—4 years	5—15 years	16 years and over	Total
<i>Clinics</i>					
Primary ..	4 (7)	584 (1069)	2 (17)	1 (—)	591 (1093)
Re-vaccina- tions ..	— (—)	3 (5)	1 (870)	8 (158)	12 (1033)
<i>General Practitioners</i>					
Primary ..	— (1)	377 (401)	82 (94)	307 (279)	766 (775)
Revaccina- tions ..	1 (—)	28 (16)	98 (80)	1109 (1019)	1236 (1115)
Totals					
Primary ..	4 (8)	961 (1470)	84 (111)	308 (279)	1357 (1868)
Revaccina- tions	1 (—)	31 (21)	99 (950)	1117 (1177)	1248 (2148)

NUMBER OF PERSONS INOCULATED AGAINST  
TYPHOID, CHOLERA, Etc.

	Under 1 year	1—4 years	5—15 years	16 years and over	Total
Typhoid—Primary .. ..	3	6	224	123	356
Typhoid—Booster .. ..	—	1	58	33	92
Typhoid—Tetanus Primary	—	3	209	126	338
Typhoid—Tetanus Booster	—	1	211	18	230
Cholera—Primary .. ..	8	27	103	322	460
Cholera—Booster .. ..	—	5	77	123	205
Typhoid—Cholera Primary	—	6	15	187	208
Typhoid—Cholera Booster	—	—	2	34	36
Yellow Fever .. ..	19	125	129	1,888	2,161

NUMBER OF CHILDREN WHO HAVE BEEN  
IMMUNISED AGAINST MEASLES 1971

(1970 figures in brackets)

	Under 1 Year	1—4 Years	Over 5 Years	Total
Child Health Centres ..	1 (—)	1,148(1387)	1 (7)	1,150(1394)
School Clinics .. ..	— (—)	— (—)	1 (32)	1 (32)
General Practitioners ..	— (—)	479 (447)	12 (36)	491 (483)
Total .. ..	1 (—)	1,627(1834)	14 (75)	1,642(1909)

RUBELLA

NUMBER OF GIRLS, AGED 11-13 YEARS IMMUNISED AGAINST  
RUBELLA

School Clinics .. ..	2,128
General Practitioners ..	29
Total .. ..	<u>2,157</u>

**CO-ORDINATION WITHIN THE HEALTH SERVICE**

During the past two or three years a variety of reports, white papers and much discussion has taken place in connection with the formation of a unified or integrated health service. It is perhaps interesting to look at the ways in which co-operation with the family doctor services has developed.



- (a) Attachment of local authority nursing staff.
- (b) Discussion with family doctors and the Executive Council in the provision of family doctor premises and health centres.
- (c) Arrangements with family doctors using the computer call up and recording of vaccination and immunisation procedures carried out in childhood.
- (d) Experimental scheme whereby a local authority doctor carries out a well baby clinic in a large practice.

Other parts of the report cover in more detail the health visitor/district nurse liaison scheme with family doctors but some recent surveys and reports have suggested that full attachment may not lead to a significant increase in the work load of attached staff. This has not been the experience of this authority as an increased case load seems to become the average for the attached health visitor and the district nurse and equally increasing requests are being made for the home nurse to carry out additional duties in either health centres or group practice premises.

In connection with the provision of community health premises more detailed discussions have continued to take place with groups of interested family doctors. The present position at the time of writing this report is that one health centre is in operation, two purpose built health centres are nearing completion, a child welfare clinic undergoing conversion into a health centre, and two other health centres at varying stages of planning.

## FAMILY PLANNING

The Family Planning Association has its headquarters in Graingerville North and clinical sessions are held there daily. The Association also holds sessions in local authority premises in St. Anthony's Clinic and at Fawdon Clinic. The Health Committee makes a grant in respect of the cost of cases referred on medical grounds and towards the charges for cases remitted on social grounds, as well as to cover the domiciliary service operated by the Family Planning Association. During the year 17 special referrals were made on medical grounds and 56 on social grounds.



A start was made in providing a directly operated family planning service when a local authority session commenced at Armstrong Road Clinic towards the end of the year. It is expected that this clinic will be helpful to families in the west of the City where there has been no readily accessible clinic service.

## NURSING SERVICES

*(Miss F. E. Hunt)*

This has been a year of great change within the nursing services, firstly the setting up of the Social Services Department involving the transfer of day nurseries, play groups, child minding registrations, home advisers, wardens and the night sitting service, to the new department; secondly, approval was obtained for a reorganisation of the nursing administrative structure along the lines of the Mayston Report in the latter part of the year. The Chief Nursing Officer was redesignated Director of Nursing Services and two Area Nursing Officers were appointed to be responsible for all nursing services in their area—Miss A. Y. Sanderson for the west of the City and Miss D. Jobling for the east of the City, the latter to take up her appointment at the beginning of 1972. Appointments were also made for nine nursing officers, one for midwifery covering the whole City, two for district nursing and two for health visiting in each half of the City. At the end of the year the nursing officers were preparing for full implementation of the new management structure on 1st January, 1972.

With the relinquishing of certain functions during the year, much effort has gone into building up other services, in particular further attachment of health visitors and district nurses to general practitioners. For a number of years there have been attachments to the larger practices but the policy of extending attachments, as staffing permits, to smaller practices has been accepted. (See Appendix IV.)

After the Arthur's Hill and Cruddas Park child Health centres became available the remaining health visitors based on the Civic Centre were transferred and this complete decentralisation has led to closer integration of the nursing services.

Whilst domiciliary midwifery has decreased there has been an increase in the need for health visiting and district nursing work services resulting from attachment to general practices, in particular

there is the increasing demands of the elderly and handicapped for nursing as well as social services in the community. Another expansion area is assistance with health education for children at school.

### Midwifery

The number of domiciliary confinements continues to decline and in 1971 there were only 111 home deliveries. It had been hoped that more confinements in hospital would be attended by domiciliary midwives but unfortunately this has not materialised and only two patients were delivered in hospital by a domiciliary midwife. During the year there were 14 midwives in post. Two midwives attended refresher courses, the Royal College of Midwives held a refresher course in the City and the department participated in visits of observation for those attending the course. The integrated course for pupil midwives continues; 27 pupils undertook their community training and 26 were successful in obtaining the Certificate of the Central Midwives' Board.

The future of domiciliary midwifery poses a problem. The small number of midwives required to man the service makes it difficult to provide adequate full-time cover and the solution must surely be an integrated maternity service as recommended by the Peel Report since 96% of confinements now take place in hospital although much of their antenatal and postnatal care is effected within the community.

Year	Home Confinements			Hospital Confinements Discharged (in days)				
	Live Births	Still Births	B.B.As.	1-3	4-6	7-10	11+	Total
1971	110	1	24	842	570	1,418	213	3,043
1970	194	3	23	921	534	1,435	217	3,107

### Premature Infants

Six premature infants were born at home, of whom three were admitted to hospital, two nursed at home and one was stillborn. The specialist premature infant midwives were involved in the care of 219 hospital discharges.

## SUMMARY OF MUNICIPAL MIDWIVES' WORK

	No. of ante-natal visits	No. of Clinic visits	NUMBER OF BIRTHS				No. of Nursings
			Doctor not Booked Dr. Present at time of delivery	Dr. not present at time of delivery	Doctor * Dr. present at time of delivery	Booked Dr. not present at time of delivery	
1971	2,096	19,037	1	8	25	76	20,884
1970	5,496	2,464	5	12	69	237	34,773

\* Either booked doctor or another.

### District Nursing

At the end of the year there were 48 district nurses in post of whom 40 were state registered nurses including nine men, and eight, including one man, were state enrolled nurses. 22 nurses were attached to 59 general practitioners. Five S.R.Ns. and two S.E.Ns. attended at the Polytechnic course of training for the National Diploma in District Nursing and six were successful. Two district nurses attended the practical work instructors' course.

The number of visits paid by district nurses was 153,624 (149,782 in 1970) and the number of new cases during the year was 4,237 (4,008 in 1970).



# Patients attended by the District Nursing Service in 1971

Disease	Cases brought forward from 31st Dec. 1970	New cases present period	SEX		AGE GROUPS				
			M	F	under 1 year	1-4 years	5-14 years	15-64 years	65-79 years
Cardiac .. ..	38	165	58	107	—	1	1	24	78
Respiratory .. ..	51	227	99	128	—	5	7	85	93
Hemiplegia .. ..	66	239	100	139	—	—	—	48	125
Senility .. ..	55	186	57	129	—	—	—	2	62
Infectious Diseases ..	3	45	6	39	—	1	1	18	17
Tuberculosis .. ..	22	44	24	20	—	—	3	33	7
Diabetes .. ..	53	49	17	32	—	—	—	14	32
Accidents and Other Violence ..	55	445	154	291	2	47	41	131	138
Carcinoma .. ..	80	341	171	170	—	4	1	160	137
Genito-urinary .. ..	32	131	104	27	6	6	14	56	39
Gynaecological and Post Obstetric ..	51	391	—	391	—	—	—	363	20
Breast Abscesses ..	1	8	—	8	—	—	—	7	1
Stomach and Intestinal Complaints	87	827	387	440	—	6	27	493	217
Skin Infections .. ..	34	272	96	176	—	7	18	126	82
Varicose Ulcers .. ..	87	109	12	97	—	—	—	24	53
Rheumatism .. ..	66	79	9	70	—	—	1	17	40
Other Diseases .. ..	105	408	163	245	4	—	7	278	95
Anaemia .. ..	373	271	53	218	—	—	—	105	110
Diseases of Early Infancy .. ..	1	—	—	—	—	—	—	—	—
Normal Infants .. ..	—	—	—	—	—	—	—	—	—
Totals .. ..	1,260	4,237	1,510	2,727	12	77	121	1,984	1,346

## Cases referred by:

General Practitioners .. .. 3,605

Maternity and Child Welfare Department .. .. —

## Newcastle Hospitals:

Newcastle General Hospital .. 468

Royal Victoria Infirmary .. 85

Walker Gate Hospital .. 9

Fleming Memorial Hospital .. 13

Other Hospitals .. .. 54

Miscellaneous .. .. 3

Total .. 4,237

Total Staff at 31st December 49 + 1 Admin.

Total Visits: .. .. 153,624

East: .. .. 71,171

West: .. .. 82,453



### Ancillary Services

Six dressing attendants were employed but owing to staff sickness the number of visits decreased to 6,091 from 6,508 in 1970. Fifty-one new patients were taken on.

During the year 38 patients required the incontinent laundry service. The Marie Curie Night Nursing Service fluctuates and during the year 29 patients (19 in 1970) were attended, with a total of 73 visits.

Fourteen bath orderlies are employed, including four men. The value of their work in the community is much appreciated and the demand increases steadily.

	1971	1970	1969
No. of cases .. .. .	1,171	1,075	976
No. of visits .. .. .	17,373	16,332	17,186

### Loan Equipment

The loan equipment store in the Ambulance Depot in Benton Road supplied a wide variety of nursing aids on free loan, and incontinence pads to those requiring them.

At the end of the year the following items were either on loan or in stock at the Depot:

Bath aids (seats/mats etc.) .. .. .	205
Bed aids (tables/trails etc.) .. .. .	1,168
Bed pans etc. .. .. .	1,169
Beds (including air beds) .. .. .	165
Blankets .. .. .	41
Commode .. .. .	854
Draw sheets .. .. .	2,959
Hydraulic lifts/pullies .. .. .	34
Mattresses .. .. .	195
Pillow cases .. .. .	74
Pillows .. .. .	95
Plastic pants .. .. .	184
Rails (bath/bed) .. .. .	26
Rings (air and sorbo) .. .. .	755
Rubber sheets .. .. .	973
Seats—self lift .. .. .	13
Sheepskin fleeces and heel muffs .. .. .	68
Towels .. .. .	15
Walking aids .. .. .	995
Wheelchairs .. .. .	485
Other .. .. .	128

## Health Visiting

There were two resignations and three retirements during the year and one S.R.N. was seconded to the course of training for health visiting. Attachment of health visitors to general practitioners was increased and at the end of the year 29 members of staff were attached to 71 general practitioners.

The attachment scheme alters the scope of the health visitors' work—they are becoming increasingly aware of the necessity to teach promotion of health and prevention of illness. Their supportive role and the necessity to co-operate with other services is well established. The health visitor of today is a more vocal person, well aware of the statutory and voluntary agencies she may call upon to assist her in her everyday work. Although primarily concerned with the care of young children she is realising increasingly her responsibility for family care including physically and mentally handicapped persons and the elderly. Health visitors case loads must be constantly reviewed and some reduction could improve the quality of their work particularly in the field of early detection of physical, mental and social symptoms as well as in the rehabilitation of young and old. Planned health education now plays a greater part in their work supplementing individual counselling and teaching in the home. The S.R.Ns. engaged in this service work under the supervision of health visitors in the care of the elderly. Although their work is very valuable the aim must be a full complement of trained health visitors who can cover the whole spectrum of health in the community.

## Home Visits Paid by Health Visitors

	1971	1970
Births and Children under 1 year .. .. .	16,026	17,648
Children over 1 year .. .. .	44,433	48,977
Infectious Diseases (other than T.B.) .. .. .	44	198
Expectant Mothers .. .. .	874	952
Aged Persons .. .. .	20,956	19,412
Tuberculosis Cases .. .. .	213	230
Tuberculosis Contacts .. .. .	87	168
Hospital Cases .. .. .	347	89
Special Visits .. .. .	3,598	3,110
Housing Reports .. .. .	309	256
Venereal Diseases—Contacts .. .. .	240	248
Home Accidents .. .. .	10	8
Sanitary Defects .. .. .	16	24
Totals .. .. .	87,153	91,320
No. of Households Visited .. .. .	15,627	14,777

In addition to the totals shown, there were 23,109 unsuccessful visits compared with 22,134 in 1970.

### **Immigrant Liaison Officer**

The part-time Liaison Officer has helped to fill the need for staff assistance to immigrant families, most of whom come from Asia. She works closely with the health visitors in the west end of the City where the majority of immigrant families live. Her work consists of visiting people in their homes, attending child health sessions and assisting with attendance at out-patient departments where interpretation is necessary. The following visits were made:—

Hospitals	..	..	19
Child health clinics		..	75
Chest clinic	..	..	19
Doctors' surgery		..	31
Home visits	..	..	406

### **Training**

In September, seven students sponsored by the department were successful in their examinations at the Polytechnic, six of whom started in the department as health visitors. Seven new students were sponsored for the 1971/1972 course. Two health visitors attended the fieldwork instructors' course.

### **Management**

In preparation for the introduction of the new management structure, four members of staff attended middle management courses and 12 attended first line management courses.

### **In-Service Training**

During April a study day was held for nursing staff on "Family Medicine and the Law". This was held in the Council Chamber and was much appreciated by the staff. Monthly meetings were held for various sections of the nursing staff, covering a wide range of subjects.



## REPORT ON THE MATERNITY AND CHILD WELFARE DENTAL SERVICE

*(Dr. J. C. Brown)*

Owing to the partial replacement of static school clinics by mobile dental units the work of the Maternal and Child Health Dental Service is largely confined to the school clinics at Arthur's Hill and the East End Centre. A few patients were, however, seen and treated at the part-time surgeries at Middle Street and Cowgate schools.

These developments in the School Dental Service resulting in its improvement and efficiency have led to a drop in the clinic facilities for mothers and young children with a consequent fall in the attendance rate.

During the year, over 2,000 invitations to parents to bring their children for dental examinations were sent out but only some 500 acceptances were received, from which one might suppose there to be an idea prevalent that it is not worthwhile to bring a child for dental examination at such an early age. In this connection it would be interesting to know the numbers of pre-school children seen by private dentists but unfortunately no such figures are available. Some 600 visits were made to the clinics and considerable use was made of the daily emergency sessions at Arthur's Hill and the East End Clinic.

The possibility of extending the service to one or two of the well-attended child health centres was considered and preliminary visits were made by the dental auxiliary, Mrs. Aikman, who gave illustrated talks on dental health and hygiene to the mothers present, but there appeared to be insufficient numbers to make the project feasible.

Details of the work carried out are given below:—



No. of Visits for Treatment During Year	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit .. .. .	680	8
Subsequent Visits .. .. .	350	10
Total Visits .. .. .	1,030	18
Number of Additional Courses of Treatment other than the First Course commenced during year .. .. .	3	—
Treatment provided during the year—		
Number of Fillings .. .. .	504	15
Teeth Filled .. .. .	425	10
Teeth Extracted .. .. .	81	5
General Anaesthetics given .. .. .	49	1
Emergency Visits by Patients .. .. .	28	3
Patients X-Rayed .. .. .	—	—
Patients Treated by Scaling and/or Removal Stains from the teeth (Prophylaxis) .. .. .	18	3
Teeth Otherwise Conserved .. .. .	9	—
Teeth Root Filled .. .. .	—	—
Inlays .. .. .	—	—
Crowns .. .. .	—	—
Number of Courses of Treatment Completed during the year .. .. .	320	3
<b>Prosthetics</b>		
Patients Supplied with F.U. or F.L. (1st time)		1
Patients Supplied with Other Dentures .. .. .		—
Number of Dentures Supplied .. .. .		2
<b>Inspections</b>		
Number of Patients given First Inspections During Year .. .. .	680	8
Number of Patients who required Treatment	247	6
Number of Patients who were offered treatment .. .. .	236	6
<b>Sessions</b>		
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare Patients:		
For Treatment .. .. .		107
For Health Education .. .. .		—

## AMBULANCE SERVICE

(Mr. H. M. Roberts—Chief Ambulance Officer)

A summary of the patients carried and mileage recorded during the year under review is set out in the tables below with comparable figures for the previous year.

	City		Section 24 Other Authorities		Ancillary	Miscellaneous (includes Training Centre and Welfare)	
Year	Cases	Mileage	Cases	Mileage	Mileage	Cases	Mileage
1971	163,613	638,737	2,224	25,694	33,870	88,800	179,510
1970	158,978	626,947	2,067	29,010	27,551	83,141	185,993
Diff.	+4,635	+11,790	+157	—3,316	+6,319	+5,659	—6,483

Year	Total	
	Cases	Mileage
1971	254,637	877,811
1970	244,186	869,501
Diff.	+10,451	+8,310

### Persons Carried

The increase of 10,451 persons carried over last year's figures is misleading as during 1970 there was a period of five weeks when the service only carried essential cases. Perhaps a fairer comparison would be with the 1969 figures which indicates a drop of 2,628 persons which is more in keeping with the reduction in the population figures of the City.

### Mileage

The average mileage per patient remains fairly constant at 3.4.

### Co-ordination

Due to daily contract with other Local Authorities conveyance of patients resident outside the City boundary by their own Authority

is continuing to prove satisfactory. There is an increase on last year of 1,658 cases.

### **Welfare and Miscellaneous Transport**

There has been an improvement in the response the service has been able to make in the demands for this transport and although the actual mileage has fallen slightly compared to 1969, most of the requests made have been met.

### **Maintenance**

Year	Overhauls 12,000 miles	Inspection 3,000 miles	Miscellan- eous Repairs	Rebuilt Components	Vehicle Repaints
1971	72	201	927	13	14
1970	60	215	898	7	14
Diff.	+12	—14	+29	+6	—

As shown by the maintenance table there is an overall increase in the maintenance of the older vehicles on the fleet and some 10 major overhauls have been carried out to extend their serviceable life. During the course of the year some 11 new vehicles were incorporated in the fleet.

### **Training**

The Training Centre is now well established and during the year 12 courses (10 x 2 weeks plus 2 x 6 weeks) have been run and 202 students have attended, of these 157 passed, representing 78%. Newcastle attendances were 27 students.

### **Staff**

During the year 17 members of the staff have left. Five of these are personnel who joined the service in 1948 and who during the year have reached the retirement age of 65 years, and it would be remiss if some comment on their yeoman work in the service was not recorded.

The 17 vacancies that occurred have all been filled, and as a result of this staff movement, the average age of personnel is becoming slightly lower.



During the year there has been 2,688 days lost through sickness this, whilst still formidable and a cause of concern within the organisation, is a slight improvement on last year's figures.

The Consultative Committee continued to operate throughout the year, holding a total of 10 meetings under the Chairmanship of the Medical Officer of Health. This committee seems to help relationships between management and staff and is now an accepted part of the organisation.

The record of accidents for the year shows that there were 39 reported, nine of which necessitated claims upon our Insurers.

### **Safe Driving Awards**

93 members of the staff qualified for awards for safe driving as organised by the Royal Society for the Prevention of Accidents.

## **HEALTH EDUCATION**

### **Campaigns**

Throughout the year campaigns on various subjects were used as a basis for health education activities in schools and clinics. These subjects were:—

- Smoking and Lung Cancer
- Vaccination and Immunisation
- Food Hygiene and Pests
- Poisonous Plants
- Fireworks
- Drinking and Driving
- Home Safety

### **Visit of Health Education Council Mobile Unit**

The mobile unit visited the City for one week in April. The unit provides, by means of audio-visual aids, closed circuit television and displays, intensive health education for members of the public. During the visit to the City the theme of the programme was "Cancer Education".

On the first day of the visit the Unit carried out a full and interesting programme of in service training for nursing and medical staff in the department.



For the remainder of the visit the unit was moved to Eldon Square where it was on public exhibition for two and a half days. During this time 875 people visited the unit most of whom discussed their queries with health visitors. Many were concerned about stopping smoking and appointments were made for 21 women to have cervical cytology.

The visit will undoubtedly have a lasting effect through the specialised training and thought given to the project by the health visitors taking part.

### **Home Safety**

The Health Committee is associated with the Northumberland and Durham Area Home Safety Council and makes an annual grant to the Royal Society for the Prevention of Accidents.

### **Talks and Publicity**

Talks on many subjects were given to various organisations and to school children in senior schools; in most cases cine films were also shown.

Posters were displayed on notice boards throughout the City, on the back of school meals vehicles, in clinics, public libraries, schools and colleges. Many subjects in addition to the normal campaigns were covered.



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## **III—OTHER PERSONAL HEALTH SERVICES**

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## CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

*(Dr. Joyce Grant)*

### Local Authority Services for the Elderly

The Senior Medical Officer (Geriatrics) assisted part-time by a departmental Medical Officer has continued to make medical assessments for residential and day care services, for supervised accommodation and for some of the difficult problems in community care; need for involvement in the latter problems arises usually when social services that are needed are not available, or when maximum social services are being used and hospital care is needed but cannot be obtained. Action under Section 47 of the National Assistance Act was needed on only one occasion.

Fortunately, no disruption of the close co-ordination between medical and social work staff has ensued from the establishment of the Social Services Department on 1st April, 1971. The two medical officers in Geriatrics work in close association with the Social Services Department, and their office is near the Information Centre so that it is accessible to the disabled. Some senior members of the Social Services Department and many of the social workers have now become involved in the problems of old age and physical handicap, having previously worked in quite different fields of responsibility. Naturally, time and thought has had to be given to the sharing of information and experience concerning these groups in the community. However, the basic principles both of medicine and social work seem to hold for "all ages and disciplines of men", but information about local resources takes time to absorb. An attempt has been made to tabulate some information about residential and day care and supervised accommodation, but the complex data essential for assessment for their services is difficult to record succinctly. There is no doubt that there had to be a reduction, probably temporary, in the quantity of visits to the elderly by social workers, but this may well have been offset to some extent by expansion of the work of voluntary visitors. Plans to co-ordinate home help visitors in the social work teams are welcome since improved communication should result.

Integration is markedly improved between the general practitioner and the social services once a health visitor or district nurse is attached to the practice. There is still room for improvement, however, in understanding between the individual health visitor and social worker, the former often seeing only a clear need for a service and not understanding the latter's ability to offer it. There still seems to be a need for more education of the health visitor in the criteria for the Social Services, particularly involving residential care. The new team structures of the nursing services may well go a long way to removing this difficulty, as the departmental teams come to work in greater proximity.

### **Residential and Day Care in Homes**

Bolam House was opened in February 1971, a purpose-built 40 bedded Home for men and women in Arthur's Hill. The architect, Mr. G. L. Price, is to be congratulated on achieving a warm homely impression both in the layout of the accommodation and in the decor. The preponderance of single bedrooms is much appreciated by residents and Mr. Thompson, Superintendent, created a happy home in a very short time.

The Social Services Committee now offers accommodation for 561 residents in 15 homes and maintains 63 persons in voluntary or other L.A. homes. This represents 21.68 places per 1,000 of the population over 65 years. In addition there are 370 places in registered private homes within the City. Approximately 44 persons attended residential homes each week for the day, transport being provided by the ambulance service for 32 on four days.

Quarterly meetings of the superintendents of the Authority homes and hostels were held either in the Civic Centre or, in one instance, in one of the Children's Homes. Matrons of voluntary or private homes are invited to these when the agenda appears to be of general interest.

The waiting list for residential care is shown in the following tables:—

WAITING LIST FOR RESIDENTIAL HOMES

	Under 65		65-85 years		Over 85 years		M.		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	F.	Total
Own Homes .. .. .	2 +1 (P)	— 1 (P)	6 +1 (P)	11 +5 (P)	—	7 +8 (P)	8 +2 (P)	18 +14 (P)	26 +16 (P)*	
Private or Voluntary Homes ..	—	—	—	—	—	3	—	3	3	
Geriatric Unit .. .. .	3	—	—	2	—	—	3	2	5	
Woolley Hospital .. .. .	1	—	3	4	1	8	5	12	17	
St. Nicholas Hospital .. .. .	—	1	6	3	1	1	7	5	12	
Acute Hospitals .. .. .	—	—	1	1	—	—	1	1	2	
	Total						26	55	81 (16 P) in own homes	

\*P = PRIORITY

WAITING LIST FOR PSYCHO-GERIATRIC HOSTELS

	Under 65		65-85 years		Over 85 years		M.		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	F.	Total
Own Homes .. .. .	—	—	1	1	—	1	1	2	3*	
St. Nicholas Hospital .. .. .	—	—	3	1	—	—	3	1	4	
Northgate Hospital .. .. .	—	—	—	1	—	—	—	1	1	
	TOTAL						4	4	8 (2 P) in own homes	

\*PRIORITIES : Own Homes—Females 2



The waiting list includes only persons who have been fully socially and medically assessed and are judged to need residential care and request it. It does not include the many elderly citizens who would appear to benefit from it but refuse it, or those who request it almost as an insurance against possible difficulties in the future but do not currently need it. In other words, persons on this waiting list in their own homes are all suffering in some degree, since their needs cannot be met by social services and the 16 marked as priorities are deteriorating for want of more care and attention than is available to them. Likewise, it will be readily understood that persons waiting in hospital for places in homes are preventing sick people obtaining hospital treatment. Such a state of affairs needs correcting as soon as possible, to prevent further misuse of hospital and social services, quite apart from the need to improve the quality of life of the individuals concerned.

It is becoming a matter of urgency to reassess radically the staffing establishments in these homes, since such very disabled persons now come to live in them. There seems to have been no real evaluation of staff responsibilities and how little time is available for them to spend with residents, outside the basic physical caring that is required; time to help them enjoy more than the pleasures of warmth, good food and well furnished surroundings and to compensate in some measure for the misfortunes that have deprived many of them of the pleasures of social intercourse and indeed any role in life at all. Though some residents are perhaps beyond such contacts, others would respond with pleasure to attempts to give them more dignity as individuals and to enable them avoid the still familiar stamp of the institutionalisation. A possible alternative to increasing establishment is the mobilising of volunteers by a paid organiser, possibly under the supervision of an occupational therapist.

### **Supervised Accommodation**

Though time does not permit a detailed analysis of short-stay residents in homes for periods of social rehabilitation and family relief, it is encouraging to be able to report that a small number each year are rehoused by the Housing Department into warden supervised accommodation. There are still occasions when homes are given up at a time of crisis by well meaning friends and relatives, but residential care proves an unacceptable solution to the individual



concerned. The small number of flats at Deneside, dependent on James Clydesdale House and at Cruddas Park, to be dependent on the new home, when opened, come into the category for which the Housing Department kindly permit tenants to be nominated by Health and Social Services staff. It is hoped that a similar privilege might be extended by the Help The Aged Housing Association when it opens new flats for the elderly in Blakelaw in the spring.

Supervised accommodation is the one service for the elderly which is in extremely short supply, though there are plans for expansion.

### **Voluntary Services for the Elderly**

The Newcastle Council for the Care of the Elderly has further expanded and consolidated its work. It now mobilizes about one thousand voluntary workers in the following activities:—

280 visitors in seven district schemes

2 day centres

19 luncheon clubs

29 tea clubs/over 60 clubs

3 area transport/escort schemes

In addition there are many special activities, particularly at Christmas, regular conferences for club leaders and training schemes for workers. Research projects include involvement in food acceptability tests designed by the Geriatric Nutrition Unit, Queen Elizabeth College, London, participation in the investigation into voluntary visiting services carried out by Political and Economic Planning and trials of bulk frozen meals and frozen plated meals with both hot air convected and microwave ovens. The active support of the Home Economics Department of the Northern Counties Training College has been most welcome.

### **Services for the Physically Handicapped**

*Local Authority.* The medical officers in geriatric services have been involved by social workers, health visitors and district nurses in the problem of some of the most disabled persons in the community, mostly with regard to supporting them there by obtaining the medical rehabilitation they need.

The advice of the Occupational Therapy Department in Newcastle General Hospital has been sought on many occasions, and this authority has come to be most grateful to Mrs. O. Jeff, the Head of the Department, for her generous response both as regards assessments for acts of daily living and for advice about domiciliary adaptations and in residential homes. The proposed appointment of an Occupational Therapist to the Social Services Department in 1972 is an advance of great significance as regards the quality of care for the disabled.

35 persons were seen in the Civic Centre for disabled drivers' and passengers' badges.

*Voluntary.* The Northumberland and Tyneside Council of Social Services has accepted the report produced by the working party investigating the needs of the disabled in this area "The Disabled in Newcastle upon Tyne, March 1971". It was felt that too little was known by the general public of the services available, that far more attention was needed to make public buildings and dwellings accessible; problems of education and employment needed more attention. It has authorised the setting up of another working party to draw up a constitution for a Newcastle upon Tyne Council for the Disabled to promote and co-ordinate voluntary work and its integration with statutory services.

#### **Summary of Assessments for Residential Care, Day Care and Supervised Accommodation:—**

	Male	Female	Total
Hospital .. .. .	35	57	92
L.A. Residential Homes .. ..	75	126	201
Private Homes .. .. .	—	4	4
Own Homes .. .. .	124	263	387
Civic Centre .. .. .	29	6	35
Total .. .. .	263	456	719

It will be noted that the number of persons visited for medical assessment in 1970 was recorded as 1,235. The fact that 719 persons

are recorded for 1971 does not mean that the medical officers in geriatrics are assessing fewer persons. In fact, with the increasing involvement of the three hospital geriatric assessment centres in preventive work in the community, more persons are discussed at case conferences at these centres by the medical officers with the hospital staff involved. The numbers are not recorded but are in the region of 1,000 a year.

## **Teaching**

The Senior Medical Officer continues to be involved in post-graduate and undergraduate teaching in the medical and social work professions in the University as well as health visiting, nursing and social work students in the Polytechnic. These lectures, together with talks at pre-retirement courses and to voluntary groups, are steadily increasing in number, and it is to be hoped that a Department of Geriatric Medicine may eventually be formed, with a lecturer in Social Geriatrics.

## **The Future**

Steadily improving communications regarding the elderly and disabled from the general practitioners and particularly the hospital services, means that detailed medical assessment is available for many persons who come to need social services. This avoids the necessity of domiciliary visits by the medical officers in geriatrics in many instances and enables them to be involved in an advisory capacity for a greater number of persons each year. It is obviously impossible to record numbers in such instances but it means that the Senior Medical Officer in particular is occupied mainly in the Civic Centre or the Geriatric Hospital Centres.

It is hoped that attention can be paid next year to the needs of some of the most disabled in the community, particularly the bed-fast and chairfast, in the hope that the benefits of rehabilitative medicine can be brought to some whose quality of life could be improved, perhaps by only a marginal increase in independence. Planned extensions of the hospital rehabilitation services will undoubtedly benefit many disabled persons who are, at present, deprived of help with personal aids that can be prescribed only by hospital consultants.



## CHIROPODY

This service is provided by the Local Authority at weekly clinic sessions of which there are now 14 with a further fortnightly session and is available to the elderly, physically handicapped and expectant mothers at a nominal charge. Ambulance transport is available to take sitting cases to clinic sessions and domiciliary visits are arranged for those patients who are unable to attend clinics.

The number of patients provided with chiropody at clinics and by domiciliary visits increased by over 700 compared to the previous year although staffing difficulties slightly decreased the average number of treatments per person. Two additional clinics, one weekly and one fortnightly were begun towards the end of the year.

On April 1st the Social Services Department assumed responsibility for all Local Authority residential homes and chiropody for these homes is no longer provided by the Health Department.

The Local Authority Service is supplemented by treatments arranged by the Women's Royal Voluntary Service and the British Red Cross Society. Grants are made to these voluntary organisations towards the cost of the services they provide.

### STATISTICS

	Sessions	Patients Treated			Total	Treatments
		Aged	Phy. H/c	Others		
L.H.A.—						
Clinics .. ..	15	1,912	14	178	2,107	5,222
Domiciliary ..	—	528	31	6	562	1,728
		2,440	45	184	2,669	6,950
VOLUNTARY—						
B.R.C.S. ..	2	229	—	—	229	800
W.R.V.S. ..	2	273	—	—	273	1,201
		502	—	—	502	2,001
TOTAL ..	19	2,942	45	184	3,171	8,951



## REGISTER OF HANDICAPPED PERSONS

The number of registered handicapped persons in the City on 31st December, 1971, is shown in the following table:—

	Blind Register			Deaf Register			Physically handicapped
	Total blind	Partially Sighted	Deaf blind	Deaf without speech	Deaf with speech	Hard of hearing	
Under 16 .. ..	16	10	—	9	32	67	4
16 and under 65 .. ..	184	86	8	113	36	76	1,050
65 and over .. ..	401	87	10	24	15	93	549
Totals .. ..	601	183	18	146	83	236	1,603
Totals 1970 .. ..	561	174	18	146	83	236	1,010

### Physically Handicapped (General Classes)

The number of registered handicapped persons at 31st December, 1971, was 1,603, made up as follows:—

Amputations .. .. .	112	(78)
Arthritis and Rheumatism .. .. .	297	(178)
Congenital malformations and deformities .. .. .	74	(60)
Diseases of the digestive and genito-urinary systems, heart, circulatory system, etc. .. .. .	367	(215)
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, limbs, spine, etc. .. .. .	173	(90)
Organic nervous diseases, disseminated sclerosis, poliomyelitis, etc. .. .. .	486	(310)
Neurosis, Psychoses, etc. .. .. .	24	(20)
Tuberculosis (non-respiratory) .. .. .	27	(16)
Tuberculosis (respiratory) .. .. .	21	(9)
Diseases and injuries not specified above (asthma, diabetes, etc.) .. .. .	22	(34)
	<hr/> 1,603	<hr/> (1,010)

1970 figures in brackets.

## EPILEPSY AND DRIVING

The Motor Vehicles (Driving Licences) Regulations 1970 prescribed conditions under which certain persons with controlled epilepsy might be granted driving licences on a yearly basis. The Medical Officer of Health arranges for medical reports from family doctors or consultants and advises the licensing authority.

The following applications were dealt with in 1970 and 1971.

1970			
Applications received	..	19	Approved .. .. 16
			Not approved .. .. 2
			Not epilepsy—normal driving licence issued .. .. 1
1971			
Applications received	..	14	Approved .. .. 6
			Not approved .. .. 6
			Not epilepsy—normal driving licence issued .. .. 2
Applications for renewal		10	Approved .. .. 10

## HOUSING

### Housing/Health and Social Services Liaison

Liaison Meetings between Officers of the Housing, Health and Social Services Departments continue to be held each month.

These meetings provide a valuable opportunity for the interchange of ideas on problems related to housing which call for the specialised knowledge of all three departments. They are particularly valuable in relation to the elderly and handicapped.

### Medical Rehousing

Tenants who indicate that they may have medical grounds for priority rehousing are supplied with a medical form on which their doctor gives, in confidence to the Medical Officer of Health, information regarding their ill-health and the way in which this is being adversely affected by their present housing. Regular weekly meetings are held with the Director of Housing's representative who provides details in each instance of the present accommodation, the age and sex of the occupants and their areas of choice for

rehousing. Priorities are carefully assessed in the light of the needs of the individual and how this can best be met by the Housing Department.

In many instances additional information is provided by the Social Services Department or obtained from visits made by health visitors.

During the year 1,623 new applicants were considered and 871 old applications were given further consideration, of the total number of applications considered 1,773 were Corporation tenants whilst the remainder were private tenants. Priority rehousing was recommended for 275 Corporation and 158 private tenants. During the year 149 Corporation and 104 private tenants were rehoused on medical recommendation.

## Evictions

The Director of Housing has kindly provided the following information:—

Threats of eviction reported to Housing Dept.		285	(357)
Evictions prevented .. .. .	23	(100)	
Found own accommodation .. ..	96	(90)	
Rehousing by Housing Dept. .. ..	84	(76)	
No further action necessary .. ..	77	(56)	
Cases outstanding and under observation			
—no immediate threat of eviction ..	5	(35)	
Total .. .. .	<u>285</u>	<u>(357)</u>	

(1970 figures in brackets)





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## **IV—INFECTIOUS DISEASE**

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**PREVALENCE, PREVENTION AND CONTROL**



## PREVENTION AND CONTROL OF INFECTIOUS DISEASE

The incidence of infectious disease at different ages and in the various wards of the City are shown in tables 'A' and 'B'. Detailed statistics on vaccination and immunisation are shown on page 34.

### **Poliomyelitis and Diphtheria**

Once again, no case of poliomyelitis was notified and the City has now been free from this disease for nine years. The City was also free from diphtheria which last occurred in 1958. By the end of 1971 immunisation against diphtheria had been completed in 50% of children born in 1970, 63% of children born in 1969 and 68% of children born in 1968. Immunisation against poliomyelitis was some 3% lower. Since the recommended schedule of these immunisations should be completed by twelve months of age, these figures show both a delay in completion of immunisation and final levels of immunisation below the national averages.

### **Measles**

Only 129 cases of measles were notified, the last epidemic finishing in August 1970 and the next might, therefore, develop in 1972.

Progress with vaccination against measles has been steady although not spectacular. It is estimated that over 55% of children entering school in September 1971 were immune to measles, 36% following vaccination and 19% following measles notified in previous epidemics; in the next year group 48% have been vaccinated. This reduction of susceptible children may lead to a lengthening of the period between epidemics but without much higher acceptance of vaccination adequate control of epidemics will not be achieved. The results of continued cross-matching of notifications with vaccination records in the department are shown below. Clearly measles vaccination affords very adequate protection against this disease.

## MEASLES OCCURRING IN VACCINATED CHILDREN

Year	Notifications	Vaccinations	Measles in Vaccinated Children
1966	1,539	2,837	8
1967	930	1,018	8
1968	2,003	1,254	4
1969	117	1,568	1
1970	2,414	1,909	21
1971	129	1,725	4
Totals ..	7,132	10,311	46

**Rubella**

Notifications of rubella in 1971 were 722, the highest since 1956 when 2,810 cases were notified. The epidemic occurred across the City between March and July and in the previous year there had been a similar but smaller epidemic, the last in comparable size being in 1966. Notifications in recent years have been as follows:—

1964 ..	180	1968 ..	414
1965 ..	148	1969 ..	40
1966 ..	683	1970 ..	468
1967 ..	237	1971 ..	722

Immunisation of schoolgirls aged 12–13 years as a routine procedure commenced during the year following the trial of the vaccine carried out in 1970. Whilst it is hoped that this will protect the mother of the future against damage to her unborn child, the incidence of rubella which occurs mainly in younger children is unlikely to be affected.

**Whooping Cough**

Whenever the incidence of whooping cough rises doubts are voiced about the efficacy of whooping cough vaccine against current strains of the organism. This was the case in 1970 but in 1971 few cases of whooping cough were notified. Notifications in recent years have been as follows:—

1964 ..	61	1968 ..	22
1965 ..	32	1969 ..	7
1966 ..	127	1970 ..	139
1967 ..	66	1971 ..	27



### **Infective Jaundice**

Only 18 cases of infective jaundice were notified during the year compared with 104 in 1970 and 139 in 1969, considerable under-reporting is suspected. In all cases an epidemiological enquiry is made and following the occurrence of infective jaundice in a person employed in a restaurant, gamma globulin was given to six contacts who lived and worked together. They were kept under general surveillance but no further cases developed.

### **Dysentery**

Dysentery was not prevalent in 1971 but towards the end of the year a family outbreak of Sonne dysentery was notified, some of the children involved attending a day nursery. The children were excluded from the day nursery and no other cases developed, but the incident underlines the importance of medical screening and supervision where numbers of young children are brought together.

### **Food Poisoning**

One general outbreak of food poisoning, one family outbreak and six sporadic cases were investigated. The general outbreak involved four children in a junior school for which no cause could be identified; the family outbreak involved five members of a family, four of whom required admission to hospital. The presumptive cause was a staphylococcus which was isolated from remains of ham which the family had eaten; however, home cooked ham had been supplemented at the meal with tinned ham and it was not possible to trace where the original contamination had arisen.

### **Overseas Travel**

In recent years the occasional follow-up of travellers returning from countries which are locally infected areas for smallpox has been augmented in the summer with holiday makers returning from areas where typhoid or paratyphoid has occurred in tourists. The feature in 1971 was the importation of cholera into Spain and Portugal resulting in the follow-up of 351 returned holiday makers during September. Although none were infected with cholera, the occurrence of diarrhoea is such a common experience of visitors abroad that when cholera does occur subsequent inquiries cannot be neglected.

TABLE A  
 CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS  
 EXCLUSIVE OF TUBERCULOSIS  
 AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1971

NOTIFIABLE DISEASE	AT AGES—YEARS												NET TOTAL							
	Under 1		1 and under 5		5 and under 15		15 and under 25		25 and under 45		45 and under 65		65 and over		Age unkn'n		1971		1970	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Malaria ..	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	4
Acute Meningitis ..	—	—	1	1	1	—	4	—	1	—	—	—	—	—	—	—	7	4	9	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	1	—	6	—	7	—	1	—	—	—	2	—	—	—	—	—	17	—	5	—
Enteric Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective Jaundice ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	13	—	65	—	8	—	5	—	2	—	2	—	—	—	—	—	18	—	9	—
Ophthalmia Neonatorum ..	2	—	—	—	47	—	3	—	1	—	—	—	—	—	—	—	129	—	104	—
Rubella ..	21	—	186	—	420	—	65	—	29	—	—	—	—	—	—	—	2	—	241	—
Scarlet Fever ..	—	—	18	—	48	—	4	—	—	—	—	—	—	—	—	—	722	—	468	—
Whooping Cough ..	1	—	16	—	10	—	—	—	—	—	—	—	—	—	—	—	70	—	65	—
Totals ..	38	—	293	1	541	—	84	—	33	—	7	3	—	—	—	—	996	4	3215	4

TABLE B

## WARD DISTRIBUTION OF INFECTIOUS DISEASES (CITY CASES)

WARD	Acute Meningitis	Acute Poliomylitis	Dysentery	Enteric Fever	Food Poisoning	Infective Jaundice	Measles	Ophthalmia Neonatorum	Rubella	Scarlet Fever	Tuberculosis (All Forms)	Whooping Cough	Malaria
St. Nicholas	—	—	1	—	—	—	—	—	7	—	2	—	—
Blakelaw ..	1	—	—	—	—	—	9	—	34	4	2	5	—
Kenton ..	2	—	—	—	1	5	12	—	120	16	2	8	—
Scotswood	1	—	—	—	—	—	4	—	37	4	4	—	—
Stephenson	—	—	—	—	—	—	2	2	22	8	5	—	—
Armstrong	—	—	3	—	—	1	8	—	28	2	2	—	—
Elswick ..	—	—	—	—	—	2	4	—	34	3	6	—	1
Westgate ..	—	—	1	—	—	3	7	—	21	1	3	—	—
Arthur's Hill	2	—	—	—	—	3	7	—	51	5	10	7	—
Benwell ..	—	—	—	—	—	1	15	—	72	3	6	4	—
Fenham ..	1	—	—	—	—	—	8	—	52	5	4	1	—
Sandyford..	—	—	—	—	1	—	7	—	28	3	3	2	—
Jesmond	—	—	10	—	—	—	4	—	57	1	2	—	—
Dene ..	—	—	—	—	—	—	5	—	12	—	2	—	—
Heaton ..	—	—	—	—	—	1	6	—	60	5	2	—	1
Byker ..	—	—	2	—	—	—	9	—	11	2	4	—	—
St. Lawrence	—	—	—	—	—	—	1	—	7	1	2	—	—
St. Anthony's	—	—	—	—	—	1	2	—	12	3	2	—	—
Walker ..	—	—	—	—	—	1	5	—	39	1	4	—	—
Walkergate	—	—	—	—	—	—	17	—	18	3	4	—	—
6	—	—	—	—	—	—	6	—	—	—	—	—	—
Total 1971 ..	7	—	17	—	2	18	129	2	722	70	71	27	2
Total 1970 ..	9	—	5	—	9	104	2414	2	468	65	99	139	—



## SPECIAL TREATMENT CENTRE

The Centre has continued to provide treatment for cases of scabies and pediculosis.

The table below gives statistics which show the number of cases treated, and the number of treatments given. As in previous years, most cases were referred by family doctors, and City hospitals.

Year	Total Persons Treated				Total No. of Treatments Given
	Scabies	Pediculosis	Others	Total	
1959	109	226	—	335	384
1960	28	96	—	124	139
1961	37	38	1	76	81
1962	101	39	—	140	147
1963	190	101	—	291	318
1964	132	56	3	191	205
1965	268	35	—	303	338
1966	376	41	—	417	445
1967	458	43	—	501	528
1968	521	55	—	576	671
1969	487	26	—	513	584
1970	556	57	—	613	690
1971	380	76	8	464	511

## VENEREOLOGY

(*Dr. A. S. Wigfield*)

New registrations at Ward 34 for 1971 amounted to 4,283; 1,728 (40%) of these were Newcastle upon Tyne residents, to whom the table below refers:—

	Grand Total	Male	Female
New Registrations Total .. ..	1,728 (1,575)	1,144 (1,008)	584 (567)
Gonorrhoea .. ..	377 (379)	232 (223)	145 (156)
Gonococcal Ophthalmia .. ..	2 (—)	1 (—)	1 (—)
Syphilis—Early infectious .. ..	— (5)	— (4)	— (1)
Syphilis—Late non-infectious .. ..	8 (9)	4 (5)	4 (4)
Non-gonoccal Urethritis .. ..	283 (240)	283 (240)	— (—)
Trichomonas Vaginitis Infestation .. ..	121 (122)	— (—)	121 (122)
Non-venereal conditions requiring treatment .. ..	324 (334)	226 (205)	98 (129)
Non-venereal conditions not requiring treatment .. ..	613 (486)	398 (331)	215 (155)

The figures in brackets relate to 1970



The number of persons using the Clinic continues to increase, new registrations being 9% up on 1970. A welcome sign is a levelling off of the gonorrhoea curve with 11 fewer female patients and nine more male patients.

Female teenagers now contribute 36% of the total female gonorrhoea, but their actual numbers remain steady. Only two cases of gonococcal ophthalmia have been recorded on the post-natal wards, which is less than was predicted last year, following the introduction of Stuart's Transport Medium.

There were no cases of early syphilis and virtually no change in the number of late syphilis cases.

Non-gonococcal urethritis has increased by 18%. The slowing down of gonorrhoea and the speeding up of non-gonococcal urethritis has been observed throughout the country and has not yet been explained.

Of 506 male gonorrhoea patients from all areas, 179 alleged that their infections were acquired in Newcastle and were interrogated about their contacts. Fifty-six were unable to help. One hundred and twenty three men supplied information to correlate their infections with 101 women; 81 attended the clinic, 52 by persuasion of their consorts, 22 by persuasion of contact tracers and seven of their own accord. Of these 81, 71 (88%) had gonorrhoea. Of the 20 contacts who did not attend, six were examined elsewhere, five were untraced, four refused to attend, three were lost sight of after being traced and two promised to attend but did not do so.

Thirty-six out of 37 subsequent contacts in Newcastle attended the clinic and of these 22 had gonorrhoea. These 37 consisted of 19 wives, eight friends, seven steady liaisons, two fiances and one stranger.

Publicity has been given to the clinic's estimate that the V.D. rate in Newcastle and Northumberland stands at approximately 80% of the national average insofar as such a calculation is possible. Further credence may be given to this statement from the fact that, whereas the incidence of V.D. in the country as a whole in 1969 exceeded for the first time the peak figures of 1946, the gonorrhoea figures for Ward 34 still do not equal the figures for 1945 nor 1947. Neither of these years saw so many cases as 1946, in which the figures were possibly vitiated by an excessive influx of returning servicemen. Total registrations in Ward 34, however, though not

reaching the 1946 level have exceeded for the first time the figures for 1945 and 1947.

The unsurpassed efforts of all who are and have been associated with the social unit of Ward 34 since its inception in 1943, has been recently recorded with a detailed analysis of the year 1970, shown in 15 tables by the Physician in Charge in an article entitled "27 Years of Uninterrupted Contact Tracing – The Tyneside Scheme" and which appeared in the *British Journal of Venereal Diseases*, February 1972.

CHEST CLINICS  
MASS RADIOGRAPHY

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**V—TUBERCULOSIS**

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CONTACT CLINICS





## TUBERCULOSIS

There was a decrease in the number of new cases of pulmonary tuberculosis, 54 cases, 28 less than last year, were notified, giving an attack rate of 0·024 per 1,000 population. New cases of non-pulmonary tuberculosis numbered 17, the same as in 1970, the attack rate increasing from 0·073 to 0·077.

Twelve deaths from the disease occurred, the same number as in 1970, all being due to pulmonary tuberculosis; giving a death rate of 0·05 per 1,000 population.

### Notifications

During the year, primary notifications were received as follows:—

<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Total</i>
54	17	71

Sources of notification were:—

General Practitioners	..	..	..	..	2
Chest Physicians	..	..	..	..	60
Hospital Medical Staff	..	..	..	..	9
				<hr/> 71 <hr/>	

In addition, 10 notifications were received of cases previously notified elsewhere which had moved into the City during the year.

# RESPIRATORY TUBERCULOSIS—PERIODS OF NOTIFICATION BEFORE DEATH

	Deaths which occurred in these years												
	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Persons not notified before death ...	5	7	8	5	1	4	7	7	4	3	—	2	2
Persons notified under 1 month ...	4	2	1	3	—	—	—	2	—	3	4	3	6
Persons notified between:—													
1 and 3 months ...	2	3	—	1	—	—	1	—	—	—	—	—	—
3 and 6 months ...	—	—	—	1	—	—	—	—	1	1	—	—	—
6 and 12 months ...	3	1	—	1	—	—	—	2	—	—	—	1	—
12 and 18 months ...	—	—	—	—	—	—	2	—	1	—	1	—	—
18 and 24 months ...	—	—	—	—	—	2	—	—	—	—	—	—	—
2 and 3 years ...	2	4	2	3	1	—	1	—	—	—	—	—	—
Over 3 years ...	12	7	10	8	7	8	8	9	5	7	1	3	4
Totals ...	28	24	21	22	9	14	19	20	11	14	6	9	12

## COMPARATIVE FIGURES OF ATTACK AND DEATH RATES (ALL FORMS) PER 1,000 POPULATION

	1964		1965		1966		1967		1968		1969		1970		1971*	
	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate
Newcastle upon Tyne	0.06	0.64	0.06	0.66	0.08	0.48	0.04	0.46	0.07	0.39	0.03	0.42	0.05	0.42	0.05	0.32
England and Wales...	0.05	0.38	0.05	0.48	0.05	0.32	0.04	0.28	0.04	0.27	0.04	0.25	0.03	0.23	0.03	0.24
Glasgow ...	0.15	0.93	0.15	0.82	0.11	0.75	0.11	0.68	0.10	0.62	0.11	0.55	0.12	0.61	0.01	0.53
Scotland ...	0.07	0.50	0.07	0.46	0.06	0.46	0.05	0.43	0.04	0.40	0.04	0.38	0.05	0.36	0.04	N.A.

\*Provisional figures

# TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1931

YEAR	PULMONARY				NON-PULMONARY				TOTAL			
	New Cases Notified	Number of Deaths	Death Rate per 1,000 Population	Attack Rate per 1,000 Population	New Cases Notified	Number of Deaths	Death Rate per 1,000 Population	Attack Rate per 1,000 Population	New Cases Notified	Number of Deaths	Death Rate per 1,000 Population	Attack Rate per 1,000 Population
1931	507	303	1.07	1.79	232	94	0.33	0.82	739	397	1.40	2.6
1932	432	277	0.98	1.52	207	64	0.22	0.73	639	341	1.20	2.2
1933	428	262	0.91	1.49	191	67	0.23	0.66	619	329	1.14	2.2
1934	464	280	0.97	1.62	140	51	0.18	0.49	604	331	1.15	2.1
1935	464	240	0.82	1.59	176	63	0.22	0.60	640	303	1.04	2.2
1936	449	265	0.90	1.55	135	43	0.14	0.46	584	308	1.04	2.0
1937	489	270	0.93	1.68	137	54	0.19	0.47	626	324	1.12	2.1
1938	481	249	0.85	1.65	158	44	0.15	0.54	639	293	1.00	2.2
1939	428	232	0.82	1.51	143	47	0.17	0.50	571	279	0.99	2.0
1940	465	251	0.98	1.82	123	51	0.20	0.48	588	302	1.18	2.3
1941	483	249	0.98	1.89	130	56	0.22	0.51	613	305	1.20	2.4
1942	511	219	0.86	2.01	136	58	0.23	0.53	647	277	1.09	2.5
1943	595	270	1.06	2.33	140	55	0.21	0.55	735	325	1.27	2.9
1944	547	233	0.89	2.08	147	68	0.26	0.56	694	301	1.15	2.6
1945	580	227	0.85	2.18	115	47	0.18	0.43	695	274	1.03	3.0
1946	572	227	0.80	2.02	105	36	0.13	0.37	677	263	0.93	2.4
1947	546	259	0.89	1.88	98	39	0.13	0.34	644	298	1.02	2.2
1948	596	228	0.78	2.03	97	26	0.09	0.33	693	254	0.87	2.36
1949	516	222	0.75	1.75	94	24	0.08	0.32	610	246	0.83	2.07
1950	532	183	0.62	1.81	73	25	0.08	0.25	605	208	0.70	2.06
1951	485	110	0.38	1.66	71	14	0.05	0.24	556	124	0.43	1.90
1952	430	95	0.33	1.48	64	12	0.04	0.22	494	107	0.37	1.70
1953	476	81	0.28	1.64	68	12	0.04	0.24	544	93	0.32	1.88
1954	430	77	0.27	1.50	55	9	0.03	0.19	485	86	0.30	1.69
1955	373	48	0.17	1.33	68	4	0.01	0.24	441	52	0.18	1.57
1956	341	41	0.15	1.23	68	3	0.01	0.24	409	44	0.16	1.47
1957	287	35	0.13	1.04	59	1	0.004	0.21	346	36	0.13	1.26
1958	298	29	0.11	1.09	45	2	0.007	0.17	343	31	0.11	1.26
1959	221	28	0.10	0.82	24	2	0.007	0.09	245	30	0.11	0.90
1960	204	24	0.09	0.76	30	4	0.015	0.11	234	28	0.10	0.87
1961	178	21	0.08	0.67	28	2	0.007	0.10	206	23	0.09	0.77
1962	149	22	0.08	0.56	37	2	0.007	0.14	186	24	0.09	0.67
1963	117	9	0.03	0.44	30	4	0.015	0.11	147	13	0.05	0.56
1964	144	14	0.05	0.55	22	1	0.004	0.08	166	15	0.06	0.64
1965	142	19	0.07	0.55	32	6	0.023	0.12	174	25	0.10	0.67
1966	98	20	0.08	0.39	24	1	0.004	0.09	122	21	0.08	0.48
1967	94	9	0.04	0.37	22	2	0.008	0.09	116	11	0.04	0.46
1968	86	14	0.06	0.35	9	3	0.012	0.04	95	17	0.07	0.39
1969	83	6	0.025	0.35	18	2	0.008	0.07	101	8	0.03	0.42
1970	82	9	0.038	0.35	17	3	0.013	0.07	99	12	0.05	0.42
1971	54	12	0.054	0.24	17	—	—	0.08	71	12	0.05	0.32





AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING  
1969, 1970 and 1971

		Age Groups												Total	
		Under 1	1 and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74		75 and over
Respiratory— Males—	1971	—	—	—	1	—	—	4	4	6	3	5	6	2	31
	1970	—	—	2	3	1	2	2	4	6	11	14	4	5	54
	1969	—	—	1	4	1	4	3	10	6	14	6	7	1	57
	Females— 1971	—	—	—	—	1	2	1	1	3	5	6	4	—	23
	1970	—	—	1	2	—	1	2	3	8	4	—	3	4	28
	1969	—	—	1	3	—	—	1	5	3	4	4	4	1	26
Non-Respiratory— Males—	1971	—	—	—	—	—	—	—	6	—	1	—	—	—	7
	1970	—	—	—	—	—	—	—	3	2	—	1	1	—	7
	1969	—	—	—	—	—	—	—	1	1	1	—	—	—	3
	Females— 1971	—	—	—	—	2	2	—	2	—	1	1	2	—	10
	1970	—	—	—	—	—	—	—	2	2	1	2	2	1	10
	1969	—	—	1	2	1	2	1	3	1	2	2	—	—	15
Totals	1971	—	—	—	1	3	4	5	13	9	10	12	12	2	71
	1970	—	—	3	5	1	3	4	12	18	16	17	10	10	99
	1969	—	—	3	9	2	6	5	19	11	21	12	11	2	101

AGE DISTRIBUTION OF DEATHS DURING 1971

		Under 1	1 and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	Total
Respiratory—															
Males ...	...	—	—	—	—	—	—	—	—	—	—	6	4	1	11
Females ...	...	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Non-Respiratory—															
Males ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	...	—	—	—	—	—	—	—	—	—	—	6	5	1	12

## TUBERCULOSIS IN CHILDHOOD

The work of the Contact Clinic has continued throughout the year. We are pleased to note that the number of children notified as having tuberculosis has fallen to four, which is less than in any previous year. The number of children found to be tuberculin positive at 11 years has also fallen considerably and is now only 0.2%.

TABLE 1

NUMBER OF NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) AND OF TUBERCULOUS MENINGITIS, AND THE NUMBER OF TUBERCULOSIS DEATHS IN THOSE AGED 0-15 YEARS IN NEWCASTLE 1966-1971

Notifications	1966	1967	1968	1969	1970	1971
All Forms ..	11	8	12	14	9	4
Meningitis ..	1	1	1	—	—	—
<i>Deaths</i> All Forms ..	1	—	—	—	—	—

TABLE 1A

NUMBER OF CHILDREN TREATED WITH CHEMOTHERAPY 1966-1971

	1966	1967	1968	1969	1970	1971
Under 5 years ..	16	5	4	1	4	6
5-10 years ..	13	9	17	6	7	14
11-15 years ..	3	5	9	11	15	7
	32	19	30	18	26	27

TABLE 2

THE RESULTS OF ROUTINE TUBERCULIN TESTING IN SCHOOLS 1966-1971

	1966	1967	1968	1969	1970	1971
<i>Leavers</i> age 11 years + % tested .. .. .	86	80	82	95	77	96
Number tested .. ..	6,982	2,497	2,532	3,004	2,599	3,816
Had B.C.G. .. .. .			381	553	757	670
% Positive (unvaccinated) ..	0.6	0.8	1.8	0.4	0.5	0.2
<i>Juniors</i> age 8 years + % tested	78	86	89	81	91	93
Number tested .. ..	3,268	2,641	3,025	2,270	3,077	3,068
Had B.C.G. .. .. .			518	734	677	601
% Positive (unvaccinated) ..	0.7	0.5	0.0	0.2	0.2	0.2
<i>Infants</i> age 5 years + % tested	79	88	93	80	90	94
Number tested .. ..	3,045	3,580	3,441	2,603	3,200	3,310
Had B.C.G. .. .. .			527	523	415	435
% Positive (unvaccinated) ..	0.3	0.3	0.0	0.1	0.1	0.1

TABLE 3

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AND THE NUMBER FOUND TO BE TUBERCULIN POSITIVE 1965-1970

	1966	1967	1968	1969	1970	1971
Number Seen ..	1,281	1,175	1,019	1,143	1,131	1,001
Number Tuberculin Positive .. ..	14	5	4	4	7	8
% Positive .. ..	1.0	0.4	0.4	0.35	0.6	0.8

TABLE 4

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF TUBERCULOUS PATIENTS 1966-1971

	1966	1967	1968	1969	1970	1971
Number Seen .. ..	167	97	68	48	52	91
Number Tuberculin Positive .. ..	4	5	2	1	3	7
% Positive .. ..	2.4	4.9	2.9	2.1	5.7	7.7

TABLE 5

THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1966-1971

	1966	1967	1968	1969	1970	1971
Chest & Contact Clinics ..	875	769	1,370	715	830	691
Newcastle General Hospital	178	169	134	97	226	270
Princess Mary Maternity Hosp.	342	202	74	77	70	70
Hexham Maternity Hospital ..	—	5	—	—	—	—
School Children	5,771	3,082	2,515	2,553	2,347	2,283
Further Education Students ..	—	—	92	—	—	—
Students Medical Rm., Civic Cen.	—	—	—	8	8	5
TOTAL ..	7,166	4,227	4,185	3,450	3,481	3,319

## TUBERCULOSIS

(*Dr. J. R. Lauckner*)

Dr. C. Verity retired in October 1971, after 24 years' service in the fight against tuberculosis in Newcastle. The Regional Board has decided not to replace him with a chest physician, so the three remaining Chest Physicians are pooling their resources to provide a unified Chest Service for the City and some surrounding areas. It has been decided to base the unified service on the West Chest Clinic on Elswick Road, because of its proximity to Newcastle General Hospital (for laboratory and other services) and because the East Chest Clinic is threatened by proposed road developments in New Bridge Street. For the present at least, some out-patient work will continue at the East Clinic. In-patient work will continue at Walker Gate Hospital, at least until the opening of the new District General Hospital at Freeman Road. For the past couple of years all infectious tuberculosis cases requiring hospitalisation have been treated at Walker Gate Hospital, and this is likely to continue, until the opening of an Isolation Unit at Freeman Road—possibly about 1980.



There was a sharp drop in total new notifications in 1971. This was to be anticipated, in view of the steady level for the previous three years, against the background of a general decline of 10% per annum. In fact non-respiratory notifications remained unchanged at a relatively high figure – 25% of all new notifications in 1971. The decrease was all in respiratory cases, which fell from 83 in 1970 to 54 in 1971. Relapses were also down from 11 to 3. After death notifications increased to three, so this problem is still with us – and it probably still remains true that overall about a quarter of all deaths from tuberculosis occur in persons not diagnosed during life.

### Respiratory Tuberculosis 1971

The cases of respiratory tuberculosis notified in the City during the year were as follows:—

		<i>Inward Transfer</i>	<i>New</i>	<i>Relapse</i>	<i>After Death Notification</i>	<i>Total</i>
Primary Intrathoracic	..	—	1	—	—	1
Mediastinal Glands	..	—	2	—	—	2
Pleura	.. ..	2	5	1	—	8
Adult Pulmonary	..	7	46	2	3	58
		9	54	3	3	69

As noted above, these figures represent a marked drop from last year in both new cases and relapses.

The data relating to cases of adult pulmonary tuberculosis, classified according to type of case and degree of infectivity are as follows:—

			<i>Inward Transfer</i>	<i>New</i>	<i>Relapse</i>	<i>After Death Notification</i>	<i>Total</i>
Smear positive	..	..	1	27	1	—	29
Culture positive	..	..	1	12	1	—	14
Culture negative	..	..	5	7	—	—	12
No information	..	..	—	—	—	3	3
			7	46	2	3	58

The active cases arising in the City during the year (new cases plus relapsed cases) were thus 48, compared with 82 last year and 71 in 1969. Of these 41 (85%) were potentially infectious. The total

of new foci of infection in the City during the year was 43, compared with 68 last year and 55 in 1969. All the figures show a sharp decline in 1971.

We are able to present data for the two Chest Clinic areas separately for the last time. In future the division (by the Great North Road) will rapidly cease to have any significance.

	EAST				WEST			
	<i>I.T.</i>	<i>New</i>	<i>Relapse</i>	<i>Total</i>	<i>I.T.</i>	<i>New</i>	<i>Relapse</i>	<i>Total</i>
Smear positive ..	—	11	—	11	1	16	1	18
Culture positive ..	—	6	1	7	1	6	—	7
Culture negative ..	3	4	—	7	2	3	—	5
No information ..	—	—	—	—	—	—	—	—
	3	21	1	25	4	25	1	30

Thus the fall in pulmonary cases has occurred mainly in the East, where the 1971 total is less than half that of 1970. By comparison the fall has been small in the West and mainly of relapsed cases. This reverses last year's trend. But the numbers are small and the variations probably random.

### Five Year Comparison

The following table presents data for the last five years, and is comparable with similar tables in recent years:—

	1967	1968	1969	1970	1971
Primary intrathoracic } Mediastinal glands }	7	{ 11 6 }	11 2	9 —	1 2
Pleura .. ..	1	4	7	4	5
Adult pulmonary:					
Inward transfer .. ..	17	19	12	10	7
New .. ..	86 } 8 }	67 } 11 }	63 } 8 }	71 } 11 }	46 } 2 }
Relapse .. ..	94	78	71	82	48
New foci of infection (excl. people not notified before death) .. ..	64	59	55	68	43

## MASS RADIOGRAPHY

(*Dr. J. R. Lauckner*)

During 1971 the policy of running down the mobile component of the Mass Radiography Service was carried a stage further, as anticipated in last year's report. The large Mobile Unit continued

to provide a semi-static service on a once-a-week basis in a number of places during the first half of the year, and was finally withdrawn from service at the end of June. The Caravan Unit has continued to provide a semi-static service during four days each week. On Wednesdays it has been available for special jobs, throughout the northern half of the region, on an ad hoc basis, at the request of Medical Officers of Health, Chest Physicians and others.

So, for practical purposes, neither of these mobile units was at work in the City during the year, and Mass Radiography was confined to the activity of the Static Unit at Newcastle General Hospital. This continues to operate on the same lines as in previous years. Table I gives a summary of the work carried out by the Static Unit.

The routine radiography of children found to be tuberculin positive at school prior to BCG vaccination, has been discontinued. Many of these children do not need a chest x-ray, and those that do are now dealt with more appropriately. The gradual reduction of numbers x-rayed in industrial and other groups continues. The numbers of the general public attending remains much the same. A new group has appeared in the table this year – “Follow-up Scheme”. This is a call-up scheme for ex-tuberculosis patients and people with minor x-ray abnormalities, who have been referred from the Chest Clinics. It has been in operation for five years and has previously been included among “Others”. This is a relatively high risk group, although the incidence of tuberculosis is still not very high. It appears to be a very suitable activity for the Mass X-ray Unit, and the figures for the last two years seem to confirm this.

For reasons indicated above, there has been a modest reduction in the total number of people x-rayed in the City in 1971 – from 27,500 to about 24,000.

There was a marked drop in the number of cases of tuberculosis detected, which is one aspect of the marked reduction in cases of pulmonary tuberculosis notified in 1971. The reduction from 48 cases last year to 28 cases this year, is exaggerated by the paradoxical increase last year. It is remarkable that only one case was detected among more than 6,000 general public and none at all among more than 8,000 people in industrial groups.

Table II shows the cases of tuberculosis detected in recent years among people referred by their general practitioners. After four years of remarkable stability, the number of persons referred,



number of cases detected and rate per 1,000 examined, were all substantially down in 1971.

TABLE I  
WORK CARRIED OUT BY STATIC UNIT AT  
NEWCASTLE GENERAL HOSPITAL DURING 1971

Examinee Group	Number X-rayed	Referred to Chest Clinic	Active Tuberculosis	Bronchial Carcinoma
Doctors' Patients ..	7,002	777	24 (3.4)	76
General Public ..	6,259	150	1 (0.2)	8
Industrial and other Groups .. ..	8,395	92	—	2
Contacts .. ..	173	17	—	—
Hospital O.P. & I.P. ..	797	19	—	1
Follow-up Scheme ..	1,449	25	3 (2.0)	1
Totals .. ..	24,075	1,080	28	88

Figures in brackets are rates per 1,000

TABLE II  
TUBERCULOSIS AMONG PERSONS REFERRED BY GENERAL  
PRACTITIONERS

Year	Number Referred	Active Tuberculosis	Rate per 1,000
1967	7,636	31	4.1
1968	7,883	30	3.8
1969	7,542	30	4.0
1970	8,034	33	4.1
1971	7,002	24	3.4



**REPORT OF THE  
SCHOOL MEDICAL OFFICER**

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**VI—SCHOOL HEALTH SERVICE**

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**SYNOPSIS OF REPORT SUBMITTED TO  
EDUCATION COMMITTEE**



## REPORT OF THE SCHOOL HEALTH SERVICE

*(Dr. H. S. K. Sainsbury)*

### General

Throughout 1971 there has been a high level of unemployment in local industry, nevertheless, the standard of health in the school population has been well maintained.

Vital statistics show a continued diminution in the numbers of pupils in schools. The latest figures based on the census of 1971 puts the school population at 37,575 which is lower than previous estimates would have lead one to expect. The shrinking school population follows a continued fall in the annual numbers of live births from 5,201 in 1959 to 3,867 in 1967 and should continue to fall during the next few years. The smaller number of pupils in primary schools has helped to make it possible to reduce the size of classes. In recent years the number of classes with more than 35 children in the City has fallen from 467 in 1966 to two in 1971.

In September it was found possible to admit into infant departments all children whose fifth birthday occurs in the academic year 1971-72. One of the objects in view was to enable children to receive three years education in the infants department. This single admission each year should considerably simplify the arrangements for the first periodic inspection.

In April 1971 the former School Welfare Service was merged in the new Social Services Department, and the work of securing regular school attendance is now carried out by social workers. Where legal action is required in the courts this is undertaken by the Legal Advisers Department. Early impressions are that the arrangement could work reasonably well, although help in locating families was initially more difficult to obtain.

During the year the recommendations of the Newsom Report were accepted and arrangements made for the raising of the school leaving age to 16 in 1972. This will equate handicapped pupils attending a special school with the rest of the pupils in ordinary schools.

Within the department the organisation has remained unchanged. It is hoped that Shieldfield Clinic will be completed in the course of 1972. Existing school clinics are as follows:—

Arthur's Hill, Douglas Terrace, 4.	Purpose Built	School Health and Child Health
Atkinson Road, St. James's Crescent, 4.	Purpose Built	School Health and Child Health
Blakelaw, Springfield Road, 5.	Purpose Built	School Health and Child Health
Cruddas Park, Park Road, 4.	Purpose Built	School Health and Child Health
East End, 316, Shields Road, 6.	Adapted	School Health and Child Health
Jesmond, 48, Osborne Road, 2.	Adapted	School Health and Child Health
Kenton, Hillview Avenue, 3.	Purpose Built	School Health and Child Health
Middle Street, Langley Road, 6.	Purpose Built	School Health only
Ravenswood, Ravenswood Road, 6.	Purpose Built	School Health and Child Health

In the early part of the year Mr. J. R. Collins, the Senior Administrative Assistant, reviewed and adjusted the arrangements for the collection of the statistics which appear in this report.

The problem of securing and retaining staff remains unchanged. At the end of 1971 there was a full complement of medical officers, but one was about to leave the service. The national scarcity of educational psychologists is beginning to be felt after a period in which we have been relatively comfortable. At the beginning of the year Mrs. Ainley resigned and was succeeded as Senior Speech Therapist by Mrs. Moses, who has energetically set about acquiring staff commensurate with the needs of the City. School Nurses can usually be secured when replacements are required but their duration of service tends to be short. The disadvantages of a frequently changing staff were referred to in my report for 1970. In the latter part of 1971 preparations were made to implement the recommendations of the Mayston Report of 1969. For the School Health Service this entailed the abolition of the post of Deputy Superintendent Health Visitor/School Nurse. In its place four Nursing Officers have been appointed to direct the Health Visiting and School Health functions of the Local Authority in each of the four quadrants of the City.

During the year co-operation was afforded to the following research projects:—



1. Research into the incidence of asymptomatic bacteriuria in girls jointly with the Public Health Laboratory Service and financed by the Medical Research Council.
2. The Newcastle Survey of Child Development 1960-62 births organised by Dr. G. A. Neligan, University of Newcastle upon Tyne.
3. The National Tuberculin Survey, promoted by the Medical Research Council.

## MEDICAL INSPECTIONS

The number of periodic inspections carried out in 1971 was:—

A. MAINTAINED SCHOOLS ..	Entrants .. ..	3,966
	Intermediates .. ..	2,005
	Leavers .. ..	2,886
		8,857

This figure is well up to the average in recent years.

- B. INDEPENDANT SCHOOLS      Girls in the age groups 5, 8, and 12 were inspected at the Newcastle Church High School. The number of pupils inspected was 126.

### The Inspection of School Entrants

The number of inspections in infant departments shows an increase over that of 1970 by some 900. The change in arrangements for the reception of pupils rising five years was largely responsible for this because it resulted in an increased September intake from the normal 800-900 pupils to 2,596. A number of the children were not inspected before Christmas. In addition the work in connection with the milk in schools scheme reduced the number of sessions available for medical inspections in the Autumn term. The situation at the end of the year was as follows:—

Number of pupils requiring inspection .. ..	4,613
Number of pupils inspected .. ..	3,966 (i.e. 86%)
Number of sessions devoted to inspection .. ..	398
Mean number of pupils inspected per session .. ..	9-10

The number of pupils inspected per session has progressively fallen over the years with a change in concept of the purpose of these inspections. Routine medical inspections were originally

designed as short screening procedures to discover any physical defect in the pupil and to arrange for a more detailed examination of the pupil in whom a defect was found, elsewhere. It was recommended by the Board of Education that pupils should be inspected at a rate of twelve to the hour in elementary schools, and ten to the hour in grammar schools. The present policy is to make available more time for a wider field of examination of each child on entry to the infant school. The normal length of a session is  $2\frac{1}{2}$  hours and the number of children seen in a session varies considerably, as shown in the table below. The smaller numbers of pupils examined in a session frequently occur in small infant departments with few admissions in each term. In other cases the number of children represents a residue from a previous full session.

NUMBER OF INFANT INSPECTIONS PER SESSION

Number of Children Examined in a Session	Number of Sessions	% of Total Sessions
Under 5 .. ..	46	11.6
5- 9 .. ..	213	53.5
10-14 .. ..	109	27.3
15-19 .. ..	22	5.5
20-24 .. ..	4	1.0
25 and over ..	4	1.0
Total .. ..	398	

*Intermediate Inspections:* The number of pupils within the age range to be inspected was 3,640. However, only those children in whom there appears to be a medical problem are selected for a full physical examination by the Medical Officer. This selection is based upon information supplied by the parent on a questionnaire, together with anything which appears in the medical records, and any problems raised by the teaching staff at school. The medical records often contain an accumulation of information, much of which is out of date or not relevant, which adds considerably to the procedure if the work is to be done thoroughly. A Medical Officer with strong clinical leanings will tend to select a rather greater proportion of children for physical examination, whilst in better class areas fewer children will be found to require examination. It is not surprising, therefore, that the extent to which children were selected varies considerably in different clinic areas, as shown below:—

Clinic	Number of Children on School Roll	Number Selected	% Selected
Arthur's Hill . . . .	588	249	42.5
Atkinson Road ..	618	245	39.5
Blakelaw .. ..	590	105	18.0
Jesmond .. ..	264	153	58.0
Kenton .. ..	462	166	36.0
Ravenswood ..	376	142	38.0

All children in the age group had their vision tested irrespective of whether they were selected or not.

*Leaver Inspections:* Pupils are examined in their last year of compulsory school attendance. The inspections take place in the Autumn term in order that relevant information may be passed to Careers Officers in time for them to advise pupils on their choice of future employment. The heavier work load during this term was not absorbed before the end of the year; some 20% of inspections had to be carried forward into 1972.

*Facilities for Inspections in Schools (Primary):* Until 1959 all periodic medical inspections were required to be conducted on the school premises, where the conditions under which they are performed vary considerably. It is certainly not possible to secure the same facilities in older schools, although quite remarkable conditions have been achieved in some. A recent survey of medical rooms, conducted by Miss A. C. Emerson, produced the following information concerning primary schools:—

Primary Schools: Number of departments contributing	..	..	79
The number of schools with a recognised medical room were:			
(a) In new schools — purpose built	..	..	16
(b) In old schools .. an adapted room	..	..	7
Schools without a recognised medical room:			
(a) Old schools .. .. .	..	..	53
(b) New schools—medical room now used for other purposes	..	..	3
Total	..	..	79

Twelve of these rooms are also used for other purposes and in three there is sometimes difficulty in accommodating the medical officer and nurse when an inspection is arranged.



In these schools, which do not possess a medical room, inspections are conducted in the following types of rooms:—

Small general purpose room	10 schools
Group teaching room ..	7 „
Headteacher's room ..	5 „
Staff room .. ..	6 „
Classroom .. ..	6 „
Small office .. ..	4 „
School library .. ..	4 „
Dining room .. ..	2 „
Cloakroom .. ..	2 „
Miscellaneous .. ..	10 „

In 68 departments on which information was available premises fell short of the ideal in the following respects:—

1. Heating .. ..	13 schools
2. Lighting .. ..	13 „
3. Toilet facilities .. ..	28 „
4. Waiting accommodation for children and parents	38 „

In purpose built medical rooms ancillary heating is provided for those periods in the year when the general heating of the school is shut off and the temperature uncomfortable for removing clothes. This may not be possible in the case of other rooms used on occasion for inspections.

Lighting is important in connection with the testing of vision. The standard recommended by the Board of Education was 10 foot candles for the illumination of the test type. Today a standard of 15 foot candles is recommended but in practice nothing like these intensities are available because the lighting of schoolrooms is directed upon horizontal surfaces and not upon vertical walls to which the test type is attached; however, school nurses, who for the most part use un-illuminated material, often make allowance for the lighting.

Other difficulties were enquired into but very little additional information was elicited apart from the following:—

Room cluttered with equipment, books and stationery ..	6 rooms
Below reasonable standard of cleanliness .. ..	3 rooms
Use of room by school staff for brewing tea at break time ..	1 room

Regarding furnishing and equipment in medical rooms the couch and weighing machine might be mentioned.



1. *Weighing Machines:* All equipment (with the exception of one self indicating machine in a nursery) were of the non-transportable steel yard type. Of 53 weighing machines 15 were of older types supplied prior to 1953 with loose weights. The remaining 38 machines fully comply with the specifications of British Standards 1953.\*

The maintenance of this form of equipment on school premises in a reasonable condition is a task of extreme difficulty; particularly where there is no medical room and the machine is exposed to damage by pupils. At the time of the survey 15 machines were said to require attention.

2. *Examination Couches:* Without an examination couch a school is not in a position to offer facilities for a full examination to all children, no matter what the prevailing policy may be and until medical rooms are provided in all schools there is no proper accommodation for these articles of furniture. Of 79 primary departments information was available in 63 as follows:—

Where there is a medical room—

New schools with medical rooms, 16 couches in 16 rooms (but in one case where the room was used for other purposes there was not room to erect the couch; In two others it would be difficult to use the couch owing to the congestion of furniture).

In older schools with an adapted room there was only one couch in 7 schools.

In schools where there is not a medical room there was only one couch in 39 rooms.

Arrangements for the inspection of secondary school leavers are much easier since all have a medical room, which in the case of the larger more modern schools, is fully equipped.

The findings at periodic inspections were as follows:—

## 1. Physical Condition of Pupils

					% with satisfactory physical condition
Nursery and Pre-School	..	..	..	..	99·84
Primary 5— 6 years	..	..	..	..	99·89
7— 8 years	..	..	..	..	100·00
9—10 years	..	..	..	..	99·77
Secondary 11—14 years	..	..	..	..	99·40
Over 15 years	..	..	..	..	99·76

\* Weighing and Height Measuring Machines – B.S. 1887

## 2. Pupils found to require treatment at periodic inspection

Age Group (Born)	No. of Pupils Inspected	No. with Defective Vision	No. with Other Conditions	No. found to require treatment
1967 and later	1,251	25	170	106
1966	2,404	52	199	269
1965	311	5	32	32
1964	51	5	24	21
1963	25	1	3	4
1962	56	2	8	7
1961	1,816	182	281	349
1960	27	1	7	4
1959	11	1	2	1
1958	19	3	6	6
1957	1,634	156	132	257
1956 and earlier	1,252	150	107	209
Total ..	8,857	583	971	1,265

### NUMBERS AND TYPES OF DEFECTS FOUND AT PERIODIC INSPECTION

Defect	Requiring Treatment				Requiring Observation			
	En- trants	Leav- ers	Others	Total	En- trants	Leav- ers	Others	Total
Skin .. ..	58	51	46	155	146	42	101	289
Eyes—								
Vision .. ..	82	302	186	570	51	71	85	207
Squint .. ..	76	50	75	201	44	9	31	84
Other .. ..	7	6	6	19	22	12	23	57
Ears—								
Hearing .. ..	31	9	18	58	32	9	40	81
Otitis Media ..	35	12	15	62	81	23	54	158
Other .. ..	6	4	6	16	18	5	8	31
Nose and Throat ..	44	8	21	73	270	42	153	465
Speech .. ..	35	—	5	40	139	8	44	191
Lymphatic Glands	4	2	1	7	66	2	28	96
Heart .. ..	8	2	4	14	33	9	27	69
Lungs .. ..	21	15	16	52	95	25	66	186
Developmental—								
Hernia .. ..	5	—	2	7	28	—	11	39
Other .. ..	17	16	28	61	132	23	73	228
Orthopaedic—								
Posture .. ..	4	6	3	13	16	11	23	50
Feet .. ..	45	4	28	77	107	18	47	172
Other .. ..	30	15	8	53	88	22	33	143
Nervous System—								
Epilepsy .. ..	9	10	7	26	19	4	9	32
Other .. ..	5	2	8	15	24	8	16	48
Psychological—								
Development ..	4	1	19	24	40	7	46	93
Stability .. ..	7	3	25	35	103	22	89	214
Abdomen .. ..	6	2	11	19	13	7	28	48
Other .. ..	18	7	14	39	63	15	13	91

## Re-Inspections

The number of re-inspections arising out of previous periodic inspections in 1971 was 709.

This figure is always an underestimate and tends to be restricted to inspections performed by Medical Officers. In fact a large number of follow-up inspections are carried out by School Nurses in connection with children referred to hospital or general practitioner, or who have elected to receive treatment from an ophthalmic optician.

## Special Inspections

These were carried out in school or clinic at the special request of a parent, doctor, nurse, teacher or other person. The numbers of inspections for different purposes were as follows:—

(a)	Special inspections in schools .. .. .	959
(b)	Inspections for freedom from infection .. .. .	492
(c)	Examination of children being taken into care of the Local Authority .. .. .	598
(d)	Annual inspection of children in the care of the Local Authority .. .. .	149
(e)	Examination of pupils for fitness for employment out of school hours under City Byelaws (1962) .. .. .	114

Defects found at special inspections are shown in the table below:—



NUMBERS AND TYPES OF DEFECTS FOUND  
AT SPECIAL INSPECTION

<i>Defect</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
Skin .. .. .	480	134
Eyes—		
Vision .. .. .	130	23
Squint .. .. .	52	9
Other .. .. .	20	6
Ears—		
Hearing .. .. .	112	41
Otitis Media .. .. .	31	3
Other .. .. .	23	2
Nose and Throat .. .. .	55	20
Speech .. .. .	35	16
Lymphatic Glands .. .. .	19	5
Heart .. .. .	25	24
Lungs .. .. .	38	36
Developmental—		
Hernia .. .. .	3	4
Other .. .. .	35	84
Orthopaedic—		
Posture .. .. .	2	3
Feet .. .. .	29	2
Other .. .. .	175	17
Nervous System—		
Epilepsy .. .. .	10	4
Other .. .. .	13	5
Psychological—		
Development .. .. .	7	9
Stability .. .. .	33	14
Abdomen .. .. .	9	3
Other .. .. .	519	163

### Infestation with Vermin

Inspections under Section 54, Education Act 1944:—

(a) Total number of inspections conducted in school .. .. .	81,731
(b) Number of individual pupils found to be infested .. .. .	3,934
(c) Number of statutory notices, under Sect. 54(2) Education Act 1944) served .. .. .	11
(d) Number of statutory notices, under Sect. 54(3) Education Act, 1944) served .. .. .	—

### Examination of Adults

The following examinations were carried out:—

(a) Entrants to Colleges of Education .. .. .	370
(b) Final examination at Colleges of Education .. .. .	210



## TREATMENT — MEDICAL

### School Clinics

The provision of school clinics in the City remains unchanged since my last report. All clinics are reasonably well maintained in repair, decoration, furnishing and equipment. Facilities for waiting at East End Clinic are unsatisfactory but will no doubt be improved when the Dental Department moves to Shieldfield. Damage to the premises at Atkinson Road by local children and youths shows little sign of abating after five years' use and it would seem that the open design of the landscape is not very suitable in this district.

The main types of medical services provided in the clinics are as follows:—

Clinic	Con- sulta- tions	Other Inspections	Inocu- lations	Dressings	Refractions	Dental	Skin Treating	Cleansing and Baths
Arthur's Hill ..	x	x	x	x	x	x	x	x
Atkinson Road ..	x	x	x	x	—	—	x	—
Blakelaw ..	x	x	x	x	—	—	—	—
Cowgate ..	—	—	—	x	—	x	—	—
East End.. ..	x	x	x	x	x	x	x	x
Jesmond ..	x	x	x	x	—	—	—	x
Kenton ..	x	x	x	x	—	—	x	x
Middle Street ..	x	x	x	x	x	x	x	x
Ravenswood ..	x	x	x	x	—	—	x	—
Cruddas Park ..	x	x	x	x	—	—	—	—

In addition a Skin Clinic is held at the East End Clinic.

Schools have been allocated to the clinics as follows:—

Clinic	Schools		Special	Number of Pupils on Roll
	Primary	Secondary		
Arthur's Hill .. ..	13	2	—	4,307
Atkinson Road .. ..	17	3	—	5,456
Blakelaw .. ..	10	4	—	6,257
Cruddas Park .. ..	5	—	6	1,579
East End .. ..	9	2	—	3,153
Jesmond .. ..	6	1	1	2,840
Kenton .. ..	9	2	—	4,179
Middle Street .. ..	14	3	—	5,959
Ravenswood .. ..	8	1	—	3,824

The staffing of the clinics is as follows:—

Clinic	Staffing Attached Nurses		Nursing Helpers	Clinic Clerk Sessions
	Full-time	Part-time		
Arthur's Hill .. ..	3	—	1	5
Atkinson Road .. ..	3	1·0	1	5
Blakelaw .. ..	2	1·5	1	5
East End .. ..	2	·5	1	5
Jesmond .. ..	1	·5	1	5
Kenton .. ..	2	·5	1	5
Middle Street .. ..	3	1·0	1	5
Ravenswood .. ..	2	1·0	1	5

*Attendances:* The numbers of children attending the clinics to see the medical officer or nurse in 1971 were:—

*School Clinics—*

Arthur's Hill .. ..	2,332
Ashfield .. ..	495
Atkinson Road .. ..	1,970
Blakelaw .. ..	1,800
Cruddas Park .. ..	243
East End .. ..	3,078
Jesmond .. ..	98
Kenton .. ..	1,701
Middle Street .. ..	1,243
Ravenswood .. ..	249
Total .. ..	<u>13,209</u>

The total numbers of children attending clinics have fluctuated between 7,000 and 14,000 during the past decade but show no general tendency to increase or decline. The mean annual attendance has been 10,000 which represents a weekly attendance of 25 children per clinic but such are the variations of attendances in individual clinics that it is dubious whether some are economically justified on School Health grounds alone.

*Consultations:* These refer to children presented to the medical officer for examination and advice by the parent, the schoolteacher or some other interested person, such as social worker, probation officer, or officer of the National Society for the Prevention of Cruelty to Children. Prior to the National Health Service Act 1946

the larger proportion of children were brought to the school medical officer for advice by their parents and the numbers seen in any given clinic was a measure of the standing of the service in that area. A majority of parents have since obtained this service from their general practitioners.

The number of children seen in 1971 were:—

Arthur's Hill	..	..	56
Atkinson Road	..	..	141
Blakelaw	..	..	232
Cruddas Park	..	..	16
East End	..	..	1,191
Jesmond	..	..	260
Kenton	..	..	506
Middle Street	..	..	228
Ravenswood	..	..	156
Total	..	..	<hr/> 2,786 <hr/>

This is the largest number of children seen in a year since 1963.

## THE SCHOOL NURSING SERVICE

*Miss A. C. Emerson, M.B.E., S.R.N., S.C.M., H.V.Cert.  
Nursing Officer*

The administration of the School Nursing Service remained unchanged until late in 1971 when the management of the Nursing Service was re-organised on the lines recommended in the "Report of a Working Party on Management Structure in the Local Authority Nursing Services" of October 1969—known as the Mayston Report. This Authority, whilst accepting the principle that a unified Child Health Service is one that can best serve the interests of parents and children, has continued to provide a separate nursing service within the School Health Department. Health Visitors are, however, involved in health education in senior schools and also participate in school based case conferences, at which their knowledge of the local environment and families is of considerable value. Since Health Visitors and School Nurses work from dual purpose clinics they have better opportunities to get to know one another and to understand the part which each is playing in the work as a whole.



The Mayston Report recommended that the work of field staff should be controlled by nursing officers, an arrangement which permits headteachers to obtain the most appropriate help in medical and social problems which affect individual pupils and promises a more complete Child Health Service, which will survive the separation of the medical and nursing services from the Local Authority, when the National Health Service comes to be re-organised into Area Health Authorities.

One of the highlights of 1971 was the screening of 7-12 year old children in connection with the Education (Milk) Act—August 1971 in order to identify those children who needed to be supplied with milk in schools on grounds of health. The work coincided with the routine hygiene inspections at the beginning of the winter term and we were able to demonstrate a close relationship between the state of nutrition and hygiene in the children.

One might also mention the removal of Pendower Hall to its new premises, which has been carefully designed to meet the special needs of physically handicapped children. During the year screening tests for hearing were introduced in schools for 6 year old pupils. Selective rubella vaccination of girls aged 11-13 years was added to the immunology programme.

Health education has been mainly organised by health visitors. Two school nurses also give talks in schools.

School nurses and health visitors meet once a month and on such occasions a guest speaker is invited to address them on a subject of importance in school health work.

Two school nurses were selected to attend a refresher course organised by the Health Visitor's Association and held in St. Gabriel's College, Camberwell, London. Unfortunately, one nurse had to withdraw and it was not possible to extend the opportunity to another member of the staff.

The work carried out in school clinics in 1971 is shown in the table below:—



## Return of Work in School Clinics by School Nurses

Defect or Service	Number of Children	Total Treatments
Skin—Septic .. .. .	941	1,825
Scabies .. .. .	154	417
Ringworm .. .. .	18	32
Other .. .. .	1,683	4,134
Ear Conditions—		
Wax in Ears .. .. .	45	57
Discharging Ears .. .. .	19	121
Eye Conditions—		
Conjunctivitis .. .. .	19	59
Other External Eye Conditions .. .. .	132	335
Supervision of Spectacles .. .. .	559	—
Vision Tests .. .. .	824	—
Tonsillitis .. .. .	32	12
Acute Infectious Fevers .. .. .	25	1
Injuries .. .. .	1,665	2,029
Malaise .. .. .	342	310
Follow-up Inspections—		
Physical Defects .. .. .	102	84
Heads .. .. .	1,176	444
Cleansing of Head and Body .. .. .	2,237	3,679
F.F.I. Examinations .. .. .	1,167	869
Miscellaneous .. .. .		
Advice to Mothers .. .. .	3,846	3,246
Other .. .. .	1,278	2,310
Total .. .. .	16,264	19,964

These figures are not comparable with those of recent years because the returns upon which they have been based were revised at the beginning of the year and contain certain new information, for example 'advice to mothers'. This item alone has considerably increased the total and altered the relation between individual children and treatment

## Routing Inspections Performed by Nurses in Schools

Hygiene Inspections .. .. .	81,731
Follow-up Inspections .. .. .	7,708
Total .. .. .	89,439

## Clinics on School Premises

The number and distribution of these clinics are unchanged from last year. The facilities offered are referred to in my Report for 1970.

Number of Clinics in Primary Schools	..	22
Number of Clinics in Secondary Schools	..	18

### Return of Work in Clinics in School Premises

Defect or Service	Number of Children	Total Treatments
Skin—Septic .. .. .	1,997	3,743
Scabies .. .. .	79	26
Ringworm .. .. .	5	20
Other .. .. .	7,090	11,710
Ear Conditions—		
Wax in Ears .. .. .	146	90
Discharging Ears .. .. .	192	177
Eye Conditions—		
Conjunctivitis .. .. .	250	293
Other External Eye Conditions .. .. .	380	406
Supervision of Spectacles .. .. .	260	—
Vision Tests .. .. .	1,095	—
Tonsillitis .. .. .	242	141
Acute Infectious Fevers .. .. .	36	1
Injuries .. .. .	6,358	7,994
Malaise .. .. .	3,771	4,560
Follow-up Inspections—		
Physical Defects .. .. .	124	33
Heads .. .. .	1,642	666
Cleansing of Head and Body .. .. .	366	481
F.F.I.'s .. .. .	242	133
Miscellaneous—		
Advice to Mothers .. .. .	472	47
Other .. .. .	2,200	1,512
Total .. .. .	29,055	32,033

### Duties Performed by School Nurses Other than in Clinics

#### Home Visits—

For report on home conditions .. .. .	47	(82)
For other reasons— (Failed appointments, and follow-up visits, etc.) .. .. .	910	(844)
Children escorted to clinics and hospitals .. .. .	86	(43)
Children escorted to and from residential schools .. .. .	16	(59)

Figures in brackets refer to 1970.

### Immigrant Children

There has been a change in the commoner countries of origin of immigrant families entering the City. The pattern in 1971 was as follows:—

Chinese	..	..	..	25 families
Pakistani	..	..	..	16 „
Indian	..	..	..	7 „
Nigerian	..	..	..	4 „
American	..	..	..	2 „

The Chinese who are settling in the City are property-owning people, who are not associated with problems of over-crowding. A number of Indian families returned to India for a holiday during the year, but were not reviewed on their return.

Children of families recently arrived in this Country, when presented for admission at school should be temporarily excluded and referred to the local school clinic for clearance. This, however, is not always done and it is becoming difficult to persuade parents to attend the clinic and consent to their children being heaf tested. The experience of the two clinics responsible for this work is set out below:—

Jesmond serving the East of the City				Arthurs Hill serving the West of the City.		
					<i>East</i>	<i>West</i>
Number of children examined	..	..	..		45	95
Heaf reading results — Grade 0	..	..	..		21	46
„ 1	..	..	..		16	29
„ 2	..	..	..		10	15
„ 3	..	..	..		—	5
„ 4	..	..	..		1	—
The number who previous had B.C.G. were				..	23	40

## OPHTHALMIC CLINICS

The arrangements for ophthalmic work in school clinics continued throughout 1971 on the same lines as those described in my report for last year, however, the series of adjustments occasioned by the closing of the Central School Clinic at City Road created difficulties in maintaining this service early in 1971, when as will be seen the waiting list of children for testing became almost exhausted. The immediate problem was to keep the Ophthalmic Medical Practitioners in the East of the City employed, where, in 1970 the bulk of the ophthalmic work had been done. With two sides of the City operating independently it is now essential to establish a balanced flow of cases so that waiting lists of equal size can be maintained. When the situation came to light it was quickly restored



but the number of new cases seen during the year is much reduced. The refraction work was as follows:—

Number of new cases refracted	..	413	(Average 1965-70	748)
Number of old cases refracted	..	1,034	( „ „	867)
Number of new cases outstanding at the end of the year	..	151	(	5)
Number of old cases outstanding at the end of the year	..	55	(	33)
The figures in brackets refer to last year.				

Early in 1971 the allocation of clerical staff employed for vision screening was increased but it was still not possible to complete the screening of the 6 and 12 year age groups. The work accomplished is as follows:—

Number of 6 year old pupils screened	..	..	2,615
Number of 6 year old pupils referred	..	..	335
Number of 12 year old pupils screened	..	..	2,463
Number of 12 year old pupils referred	..	..	279

In addition 209 pupils aged 6 years failed to co-operate in the tests and require retinoscopy.

Dr. J. D. Milne writes: “Arthur’s Hill Clinic began with rather a slow start as far as ophthalmic work was concerned, but as the clinic has become better known the attendances have rapidly built up. In fact on occasions the clinical work is so great that I find it necessary to return the following day to catch up with the paper work.

Dr. Hall arranges a meeting with the teachers at Pendower Hall Open Air School each term when we discuss individual problems of the Partially Sighted Children. These meetings have been of all round benefit and I trust they will be continued.

The new ophthalmic room had its teething troubles, but these were eventually sorted out and it is now a very pleasant place to work in.

The number of pupils referred to the Newcastle General Hospital on account of squint was 68. Twelve other children were referred on account of other conditions.

The number of spectacles repaired or replaced on Form O.S.C.10 was 692.

A sum of £465.23 was charged by the Executive Council for the replacement of spectacles which were deemed not to have received fair treatment.



## HEARING ASSESSMENT

(*Dr. B. Buckley*)

### Audiometry and Hearing Aids

Audiometry has been provided by Nurses M. Tomlinson and S. Pattison who took over from Nurse Chesterton when hse retired in April. These Nurses have carried out the work at the Hearing Assessment Clinic, and also in special schools. In addition routine sweep-testing was commended in September in ordinary schools and by the end of the year 997 children had been screened of whom 185 were referred for further examination.

The review of children issued with hearing aids has been taken over by the Service for Hearing Impaired Children but school nurses have continued to give oversight to children wearing aids in ordinary schools. The information relevant to this work is as follows:—

Number of children known to have been issued with a hearing aid .. .. .	40
Number of children wearing aids which are in good order ..	17
Number of children who refused to wear aids ..	4
Aid withdrawn – can hear without .. .. .	2
Continued to visit Partial Hearing Units for servicing ..	2
Unable to follow-up (left school, left area, unable to trace) .. .. .	15

Hearing aids used by children in the Partial Hearing Units and attending the Northern Counties School for the Deaf are checked and reported upon by the teaching staff.

## THE SKIN CLINIC

(*Dr. H. M. Dixon*)

The skin clinic, which is held at the East End Clinic, has been conducted on similar lines to those of last year. There is very little change in the current types of skin lesion seen at the clinic.

The number of children treated is as follows:—

<i>New Cases</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Verruca .. .. .	29	70	99
*Ringworm (body) .. .. .	2	3	5
Scabies .. .. .	5	—	5
Scabies-like conditions .. .. .	48	65	113
Other skin conditions .. .. .	7	7	14

\*These are infestations of *microsporum lanosum*.

*Treatment*

Number of treatments given	..	..	..	..	662
Number made fit..	..	..	..	..	44
Number referred to hospital	..	..	..	..	21
Number lapsed attendance	..	..	..	..	120
Number under treatment at the end of the year	..				47

**SCHOOL DENTAL SERVICE***(Dr. J. C. Brown – Principal Dental Officer)*

The work of the school dental service was carried out from two full-time multiple surgery clinics, two part-time subsidiary clinics, and three mobile dental caravans.

Treatment given at the part-time clinics and mobile units was mostly of a simple conservative nature and patients requiring more advanced treatment, such as crowns and inlays, dentures, regulation work, etc., were referred to the multiple surgery units at Arthur's Hill and the East End Clinic where facilities for all types of treatment, including general anaesthesia, were available.

**Dental Inspections**

Dental Inspections were carried out in term time at regular intervals by the staff and nearly all the schools were visited. However, a few schools or departments had to be left over for the early months of next year owing to staff resignations.

In all, some 34,000 children were examined at school and a further 5,000 inspected in the clinics.

About half of this number was found to be in need of dental attention, coming mostly from the junior and infant departments where the deciduous teeth were still present and it will be interesting to compare this figure with statistics when the results of the recent fluoridation of the City's water supply become available in the future.

**Dental Health Education**

Towards the end of last year a Dental Auxiliary was appointed and her illustrated talks and lectures for the younger children proved very popular.

These auxiliary workers are specially trained in the care and treatment of very young children and have proved a real help in the school service where in addition to their work in health education

they can undertake much of the simple routine work on the primary dentition, and thus free the dental officer for more exacting duties.

## Treatment

Conservation of the second dentition was always the primary aim of the service, but so many young children are being seen nowadays that considerable effort was made to conserve deciduous teeth as well, and in both dentitions some 20,000 fillings were inserted over the year.

Most of the deciduous fillings were undertaken in the mobile dental units attached to the infant and junior schools, and it seems there may be an attitude of mind on the part of some parents that it is not worth while bringing the child to the clinic for "baby teeth", but if they receive attention at school – all well and good!

Orthodontic work was undertaken mainly at Arthur's Hill Clinic and East End Clinic where x-ray and laboratory services are available, but "follow-up" treatment was carried out where possible at the nearest available centre. Demand for this type of work, and advanced conservation, too, is on the increase and provision has been made to expand this branch of the service in the purpose-built clinic at Shieldfield to be opened next year.

Extractions were undertaken at Arthur's Hill and East End Clinics where daily anaesthetic sessions were held usually in the late afternoon so that children found to be suffering from toothache at school or elsewhere during the day could have effective treatment given that same day. These "Gas Sessions" were very well attended, as many as ten or twelve children being by no means an unusual number.

Provision was made during the year to provide dental attention for blind children at the Royal Victoria School for the Blind and arrangements were made with the Principal to see and treat the children, from time to time, as the need arose.

Several children were referred to the Newcastle upon Tyne Dental Hospital for specialised advice or treatment, mostly for difficult orthodontic cases, but also a few for extractions where medical grounds made it advisable for treatment to be undertaken in hospital.



Details of the work for the year are given below:—

Inspections	Number of Pupils		
	Inspected	Requiring Treatment	Offered Treatment
1st Inspection—School .. ..	33,653	21,856	20,259
1st Inspection—Clinic .. ..	5,143	—	—
Re-inspection School or Clinic .. ..	4,528	3,935	3,935
Totals .. ..	43,324	25,791	24,194

#### Visits to Clinic for Treatment only

	Age			Total
	5-9 years	10-14 years	15 yrs. & over	
1st visit in calendar year .. ..	3,113	2,922	414	6,449
Subsequent visits .. ..	3,119	6,344	985	12,448

#### Courses of Treatment

Additional Courses commenced .. ..	308	343	58	709
Courses completed .. ..	—	—	—	5,198

#### Treatment

Fillings in permanent teeth .. ..	2,725	6,303	1,612	10,640
Fillings in deciduous teeth .. ..	7,057	1,943	—	9,000
Permanent teeth filled .. ..	1,941	5,034	1,182	8,157
Deciduous teeth filled .. ..	4,983	1,465	—	6,448
Permanent teeth extracted .. ..	302	1,108	171	1,653
Deciduous teeth extracted .. ..	2,839	868	—	3,707
Number of emergencies .. ..	327	223	28	578
Number of pupils x-rayed .. ..	..	..	..	501
Prophylaxis .. ..	..	..	..	2,249
Teeth otherwise conserved .. ..	..	..	..	1,083
Teeth rootfilled .. ..	..	..	..	26
Inlays .. ..	..	..	..	2
Crowns .. ..	..	..	..	42

#### Orthodontics

New cases commenced during the year .. ..	..	..	..	157
Cases completed during the year .. ..	..	..	..	79
Cases discontinued during the year .. ..	..	..	..	16
Number of removal appliances fitted .. ..	..	..	..	374
Number of fixed appliances fitted .. ..	..	..	..	1
Number of pupils referred to hospital consultants .. ..	..	..	..	12

#### Dentures

Number of pupils fitted for the first time—				
(a) with full denture .. ..	1	1	—	2
(b) with other dentures .. ..	1	30	18	49
Number of dentures supplied .. ..	2	33	19	54

#### Anaesthetics

Total number of general anaesthetics given .. ..	..	..	..	1,733
Number of anaesthetics given by Dental Officers .. ..	..	..	..	—

#### Sessions

Number of sessions devoted to:—				
Inspection at school .. ..	..	..	..	156
Dental Health Education .. ..	..	..	..	39
Treatment .. ..	..	..	..	2,695



## EDUCATIONAL TREATMENT

Certain developments mentioned in my report for the year 1970 were put into operation in 1971. These include the coming into force of the Education (Handicapped Children) Act 1970 in April 1971. The re-organised service for hearing impaired children was put into effect and has developed on lines described in last year's report. The new Pendower Hall School for physically handicapped children, was formally opened in September by the Lord Mayor of Newcastle upon Tyne, Alderman Madge Graham.

Projects which have been discussed during the year include the replacement of St. Peter's Special School for educationally sub-normal junior pupils. This proposal was submitted to the Department of Education and Science as a primary school built prior to 1903 and eligible for inclusion in the building programme of 1973-4. A second day school for maladjusted pupils has been included in the special schools major building programme design list 1971-2. This school, which is in addition to Eastview, will be sited at Castle Farm and will accommodate 40-50 pupils. As recommended in circular 6/71, which required information concerning the number of autistic children, for whom this Authority is responsible, and the facilities being made available for them, proposals were laid before the Education Committee for the provision of a unit for autistic children at Kenton Bar School. It is anticipated that the unit will open at the beginning of the Summer term 1972 and that it will cater for eight children. Finally, a new approach was suggested to the problem of educationally retarded pupils who require remedial education in an ordinary school. Since 1963 these pupils have been placed in special classes attached to certain schools. It is now anticipated that children will remain in their present school and receive remedial teaching from a peripatetic teacher. By a policy of continuous secondment of teachers on courses in the education of backward children, it is hoped to increase the present complement of specialist teachers to 15. In addition a senior remedial teacher is to be appointed in the Summer of 1972 to take charge of the service.

### **The Ascertainment of Handicapped Pupils**

In view of the many changes of detail which are taking place in connection with procedure in the ascertainment of handicapped pupils, it has seemed useful to review the system as it now operates.

The original system adopted in Newcastle was that suggested in Section 34 of the Education Act of 1944, which was designed to keep the members of the Education Committee informed of each individual child believed to require special arrangements with regard to his education. This system had the advantage that it was relatively simple and applicable to all forms of handicap. In recent years senior officers each concerned with a single category of handicapped pupils have tended to modify the procedures, and thus in dealing with the subject each category of handicap requires to be treated separately.

(a) *E.S.N. Pupils*: Each educational psychologist is allocated a number of schools which he visits in rotation for consultation with the headteacher, in the course of which, any children presenting a problem are brought forward. These are tested and those whose difficulty stems from delayed mental development and therefore require educational treatment in a special school, are passed on to the school medical officer for the completion of the statutory examination. The names of those who are recommended as a result of this examination for admission to a special school are passed to the Senior School Medical Officer for inclusion in his monthly report to the Education Committee. In addition to these, a small number of children are recommended by psychiatrists at the Child and Family Guidance Clinic or the Nuffield Child Psychiatry Unit, and reported in the same way to the Education Committee.

(b) *Maladjusted Children*: These children are referred to the psychiatrist at the Child Guidance Clinics from many sources, schools, hospitals, the Juvenile Court, the Social Services Department, etc. They are investigated by the psychiatric team and those who are recommended for admission to a residential school are brought to our notice. The statutory examination is carried out in the majority of instances by a school medical officer and the name of the child reported to the Committee in the same way as with E.S.N. pupils. Children treated in hospital schools will also require to be reported in future. Those admitted to Eastview Day Special School for maladjusted pupils are not reported to the Education Committee.

(c) *Blind and Partially Sighted Pupils*: These children are mainly reported from hospitals and are examined by Dr. J. D. Milne, who is employed by the Education Committee on a sessional basis. Whether children are educated in a school for the blind, or a par-



tially sighted class, or in an ordinary school, they are all reported to the Education Committee before arrangements are proceeded with for their admission.

(d) *The Deaf and Partial Hearing:* These children have hitherto been examined at the Hearing Assessment Clinic by Dr. B. Buckley, who reports them to the Senior School Medical Officer for inclusion in his monthly report to the Education Committee. It is not anticipated that the service for hearing impaired children will alter existing arrangements.

(e) *Epileptic Pupils:* The original system prevails in which pupils are reported by parents, or schools and examined by a school medical officer. Those whom he recommends for admission to Pendower Hall or a residential school are reported to the Education Committee by the Senior School Medical Officer.

(f) *Physically Handicapped Pupils:* Children recommended for consideration are referred to Dr. J. Walker, the honorary Medical Officer to Pendower Hall School. The names of those whom he recommends for admission to the school are included in the monthly report of the Senior School Medical Officer to the Education Committee. Children on behalf of whom an approach is made for their admission to a residential school, other than Pendower Hall, may be examined by a school medical officer and if recommended reported in the usual way.

(g) *Pupils suffering from Speech Defects:* Those previously treated by speech therapists, whilst they remain in the ordinary school, are not reported to the Education Committee. Those recommended for admission to the speech units at Kenton Bar School are considered by the speech therapist and headmaster of the school and the names of those selected by them reported to the Education Committee.

The statistics which follow take their usual form. Children have been allocated to the appropriate category according to their primary handicap:—

## Educational Treatment – Statistics

### 1. Ascertainment

Pupils Classified—Education Act 1944 Section 34(1).

	1971	1970
Blind .. .. .	1	3
Partial Hearing .. .. .	9	4
E.S.N. .. .. .	98	163
S.S.N. .. .. .	30 unsuitable	11
Maladjusted .. .. .	11	17
Physically Handicapped .. .. .	13	17
Delicate .. .. .	10	15
Speech Defects .. .. .	13	—

Decision was deferred on 8 children.

### 2. Special Educational Treatment Recommended

Education Act 1944, Section 33.

#### Special Schools—

Day .. .. .	113
Residential .. .. .	30
Nursery .. .. .	2

#### Ordinary Schools—

Day .. .. .	14
Peripatetic Teacher .. .. .	5
Home Teaching .. .. .	2

#### S.S.N.—

Sheriff Leas .. .. .	29
Special Care Unit .. .. .	1
Hospital School .. .. .	2

### 3. Treatment Provided

#### A. Pupils placed in special schools in 1971—

Education Act 34(iv)—

Blind .. .. .	1
Partial Hearing .. .. .	7
E.S.N. .. .. .	145
Maladjusted .. .. .	13
Physically Handicapped .. .. .	12
Delicate .. .. .	10
Speech Defects .. .. .	13

The number of pupils awaiting admission to special schools at the end of the year were:—

Day Special Schools .. .. .	36
Residential Special Schools .. .. .	15



B. Pupils receiving education in special schools in December 1971—

Category						Number of Pupils in	
						Day	Residential
Blind	..	..	..	..	..	2	3
Partially Sighted			..	..	..	6	—
Deaf	..	..	..	..	..	24	13
Partial Hearing	..	..	..	..	..	7	1
E.S.N.	..	..	..	..	..	731	83
Maladjusted	..	..	..	..	..	42	36
Physically Handicapped			..	..	..	78	7
Epileptic	..	..	..	..	..	4	—
Delicate	..	..	..	..	..	15	8
Speech	..	..	..	..	..	8	—

Children educated in hospitals in 1971—

Stannington Hospital	..	..	..	34
The Sanderson Orthopaedic Hospital				1
The Nuffield Child Psychiatric Unit	..			13
The Prudhoe and Monkton Hospital				31
Other Hospitals	..	..	..	200

#### 4. Periodic Review of Handicapped Pupils

The following pupils were reviewed in 1971—

Blind	..	..	..	..	2
Partially Sighted			..	..	17
Deaf	..	..	..	..	1
Partial Hearing	..	..	..	..	1
Maladjusted	..	..	..	..	27
E.S.N.	..	..	..	..	112
Epileptic	..	..	..	..	1
Physically Handicapped			..	..	11
Delicate	..	..	..	..	8

Of the 112 educationally subnormal pupils reviewed, 59 were examined by an educational psychologist.

A number of maladjusted pupils periodically attended the Child Guidance Clinic and Nuffield Child Psychiatry Unit, but this information is not available for inclusion in the above table. It is felt desirable that pupils attending residential special schools should be kept in touch with and reviewed during the school holidays but difficulty arises in securing the attendance of the child at a school clinic.

Dr. Walker and Dr. Lowdon review the pupils at Pendower Hall at regular intervals.

Arising out of these examinations the original recommendation was varied as follows:—

(a)	Declassified and return to ordinary school	..	..	..	21
(b)	Transfer from Day to Residential Special School	..	..	..	13
(c)	Transfer from Residential to Day Special School	..	..	..	3
(d)	Transfer from Day to Sheriff Leas School	..	..	..	3
(e)	Transfer from Day to Hospital School	..	..	..	2
(f)	Transfer from Sheriff Leas to Day Special School	..	..	..	1
(g)	Transfer from Hospital School to Day Special School	..	..	..	1
(h)	Arrange for Home Teaching	..	..	..	1

## 5. Final Examinations

Prior to leaving school a final assessment is made of each child to determine what support, if any, he may require after leaving school and also what forms of employment may be prejudicial to his health. The former, assistance is provided by the Social Services Department. The latter, problems are handled by the Careers Department and in this connection Form Y10 is, with the parents' approval, submitted to that Department. This report gives a clear picture of the physical and mental capacity of the pupil and gives valuable guidance to the officer in advising suitable employment.

The number of pupils examined was as follows:—

Deaf	..	..	..	..	..	1
E.S.N.	..	..	..	..	..	42
Severely Subnormal	..	..	..	..	..	2
Maladjusted	..	..	..	..	..	3
Epileptic	..	..	..	..	..	2
Physically Handicapped	..	..	..	..	..	2
Delicate	..	..	..	..	..	3

Arising out of these examinations, pupils were recommended for supervision training and help by the Social Services Department and Department of Employment as follows:—

Educationally Subnormal	..	..	..	30
Seriously Subnormal	..	..	..	2
Maladjusted	..	..	..	2

### Severely Subnormal Pupils

The category E.S.N. has been extended to cover children formerly provided for by the Local Health Authority in hospital or training centre. The term severely subnormal appears in the foregoing tables for the first time and refers to these children.

The Education (Handicapped Children) Act 1970, which came into force in April 1971 brought within the education system all children, regardless of the degree of their handicap. This means that Section 57 of the Education Act of 1944 and Section 6 of the 1946 Act which required the Local Education Authority to notify the Health Authority of pupils who were unsuitable for education in school and to de-notify cases referred to them by the Health Authority, which were later found to be capable of benefiting from education in a special school are now repealed.

Severely subnormal pupils come to the notice of the Education Department from two main sources, namely the Senior Medical Officer (Child Health), who supervises the arrangements for the care of young handicapped children and from special schools. The former children are under 5 years of age, the latter may be of any age, however, it was found that in 17 out of 39 children in hospital and 13 out of 136 at Sheriff Leas there was no record of the child having been notified under Section 57 and it seems possible that in a number of cases direct admission had taken place.

The provision being made for children in April 1971 was as follows:—

Sheriff Leas School	— Pre-School	..	..	..	12
	— 5-16	..	..	..	106
Special Care Unit	..	..	..	..	18
Hospital Schools	— Northgate	..	..	..	28
	— Prudhoe	..	..	..	25
At the Child's Home	..	..	..	..	5

## 1. The Sheriff Leas School for Severely Handicapped Pupils

In 1955 an Occupation Centre was opened by the Health Committee at Jubilee Road, which had the immediate effect of relieving the day special schools, Bolam Street and Condercum House of a number of very retarded pupils, who had been retained on the school role largely to relieve their families. This venture established for itself a high reputation as a Training Centre and in 1963 consideration was given to the possibility of its becoming the responsibility of the Education Committee.

In 1968 the Centre transferred to purpose built premises at Springfield Road and acquired the name of Sheriff Leas. It provides places for 140 children, of whom 18 are physically as well as mentally



handicapped. There are some eight classes for children aged 7–16 years. Two classes for the pre-nursery and nursery group and two classes for the Special Care Unit. The staff consists of a Headmistress and 12 Assistant Teachers. Non-teaching staff consists of Assistant Nurse, Clerk/Typist, Cook, Kitchen Assistant, Caretaker and Cleaners.

The Centre is open from 9.30 a.m. to 3.30 p.m. The majority of children are transported from their homes by ambulance. Some make their way to the Centre by public transport on the recommendation of the headmistress and with the consent of parents.

The headmistress and nine of the teachers possess the Diploma of the Training Council for Teachers of the Mentally Handicapped. The regime in the nursery group is similar to that in nursery schools. In the junior classes short periods of formal teaching may be given to individual children when the remainder of the group are engaged in general play activities. In the four senior groups formal and informal teaching methods are used.

## **2. Hospital**

The Northgate and Prudhoe Hospitals both fall within the administrative County of Northumberland. Both have hospital schools attached and for the education provided in these schools the County Authority is now responsible. The cost of such education, in respect of children whose families normally reside within the City will fall upon the Newcastle Authority.

These children tend to be of lower mental grades, although in many instances difficulties in the home are an important consideration in determining their admission to hospital. Only a proportion of the children are able to attend the hospital schools.

## **3. Children at Home**

The Secretary of State has asked Local Authorities to find out how many children of compulsory school age in their care are living at home but not attending day centres and whether or not they are receiving home training. Home tuition by peripatetic teachers is a well recognised educational service usually as a temporary measure and requires extension in scope. It is expensive in terms of the teachers' time but the numbers of children who cannot



be educated in schools can be considerably reduced by good social services.

In April 1971 the social workers in the Health and Social Services Department transferred to the Social Services Department. Inevitably a considerable amount of re-adjustment has been required and it has not been possible to form a clear appraisal of the effectiveness of the service in the second half of 1971. The intention has been for the service to function on the same lines as those of the former Mental Health Section.

Children attending Sheriff Leas and the hospital schools are under the medical supervision of the consultants at Prudhoe and Northgate Hospitals, who hold periodic clinic sessions at Sheriff Leas. As a result children can be moved between Sheriff Leas and the hospitals, as their health or rate of progress requires. The medical services prior to April 1971 were co-ordinated by Dr. Peter Morgan, Psychiatrist, employed part-time by the Local Authority, Dr. D. Story, Senior Medical Officer (Child Health) is now responsible for the medical component of the Sheriff Leas School.

### **PENDOWER HALL SCHOOL**

*Mr. E. G. Damant, Headmaster  
and*

*Dr. J. Walker, M.D., D.P.H., Hon. Medical Officer to the School*

Pendower Hall moved in September 1971 to new purpose-built premises in Bertram Crescent. The building is centred on three basic elements, the teaching unit, the medical unit, and the residential block all at ground level within a single building.

The teaching area includes a separate nursery and open plan primary department. The secondary school includes specialist rooms for home economics, needlework, typewriting, library, art, and general science. Metal and woodwork are in workshops separate from the main building.

The medical unit is in the centre of the building and includes examination rooms, a treatment area, a physiotherapy department and a hydrotherapy swimming pool. The latter is particularly successful. These improved facilities have lead to improved standards of care.

The school provides for 200 pupils of whom 20 are of pre-school age and 36 are boarders. The increase of severely handicapped children has continued and the number suffering from spina bifida now exceeds 30.

At present there are 20 teachers, seven housemothers, four teaching auxiliaries and a domestic staff under a domestic bursar. The medical staff consists of five nursing staff, and four physiotherapists, visiting medical officers, and speech therapists.

This experienced and enthusiastic staff have created at Pendower Hall an atmosphere of happiness and eagerness which ensures the success of this new building, which it is claimed is one of the best equipped in the country and one of which Newcastle may be justly proud.

### SCHOOL PHYSIOTHERAPY SERVICE

*(Mrs. M. E. Grant)*

The school physiotherapy service, based at Pendower Hall School, consists of three full-time and two part-time physiotherapists.

It has close links with the physiotherapy department in the Royal Victoria Infirmary and physiotherapy students work in the unit during their training.

Treatment is provided for children at Pendower Hall and Sheriff Leas, and the necessity for children to spend time away from school by attending hospital is minimised.

Clinics are attended by consultants, doctors from the Department of Health and Social Security, appliance manufacturers and technical officers maintaining wheelchairs.

Children are visited both at home and in other schools and aids to assist independent living are suggested, when necessary, with the advice of the Occupational Therapy Department at the Newcastle General Hospital.

During the year, members of the Department attended the following courses and visits:—

Introductory Course in Cerebral Palsy

Cheyne Walk, London

“Paediatrics” Sheffield School of Physiotherapy

“Spina Bifida” Queen Mary’s Hospital for Children,  
Carshalton

Hunstanton and Stoke Manderville.



## Speech and Language Units

The Authority now has two units: one in the infants department and one in the junior department of Kenton Bar Primary School. The junior unit was opened in September 1970 and its main features were described in my report for 1970. The infant unit was opened in September 1971.

Each unit provides special education for eight children suffering from serious language impairment. The children are selected by the speech therapist attached to the units and the headmaster of the school. Those put forward for consideration are recommended by the headteacher of the child's school to the speech therapist. Dr. L. F. Mills, the Senior Educational Psychologist, undertakes the psychological assessment.

The staff in the units consists of a speech therapist, two class teachers and two nursery assistants. The children, who come largely from the west of the City are brought by a school bus. They engage in formal work in the units, but are integrated with the rest of the school for other activities.

Since last year, six of the original eight pupils in the junior class have returned to their former schools able to continue their education under the regime of a normal school. It is anticipated that the type of pupil for whom these units will be of the greatest value is the one who responds to a short spell of intensive treatment.

After returning to an ordinary school the children are followed up at intervals by the speech therapist at the unit or by the therapists on Mrs. Moses' staff.

No serious problems have arisen during the year and the unit has successfully established itself.

## THE CHILD AND FAMILY GUIDANCE SERVICE

*Dr. L. F. Mills, Senior Educational Psychologist*

It has been our policy, as far as possible, to keep the educational psychologists working in the same group of schools so that teachers and educational psychologists can get to know each other well. However, when Mr. E. C. Raybould returned in July 1971 from his 12 months' post-graduate course at Birmingham University, and bearing in mind his previous four years' service in the Kenton

and Blakelaw areas, it was thought desirable to give him experience in another part of the City. He was, therefore, transferred to Eastview Clinic and is now working in schools on the east side of the City.

The Summerfield Report on the work and training of educational psychologists published in 1968, among other things, recommended the creation of a post-graduate course for educational psychologists in the North of England. A working party, of which the Senior Educational Psychologist was a member, was set up by the University of Newcastle which resulted in a new post-graduate M.Sc. course in psychology being established in October 1971. It seems likely that this course will provide a very desirable professional qualification and I am pleased to report that Mr. N. D. Evens, who has been working as an educational psychologist in the west end of the City for the past three years, was accepted as one of the first students. This means that we shall be without his services from October 1971 to the end of August 1972. Mr. Christopher Marshall, who joined the staff in September 1965, was offered a post of lecturer at Durham University and left at the end of March to take up his new duties. Throughout his stay with us he made a great contribution to the work done in both clinics and schools and we wish him well in his new career. His replacement, Mr. Peter Stephenson, from Edinburgh, joined the staff on 1st September, 1971.

Mr. John Michael Robson joined the staff in May 1970, unfortunately he left at the beginning of June to take up a more senior post in the South of England. It was hoped to get an early replacement for him but by the end of the year the post was still vacant. In consequence the brunt of the social work at Arthur's Hill Clinic has been carried by our Senior Social Worker, Mrs. A. Carter. Mrs. Lynn Bird, continues to deal with the social work at Eastview Clinic.

It will be realised from the foregoing account that we suffered a number of staff changes during the year which tends to have an unsettling effect on the work. In spite of this, the educational psychologists managed to see 825 children in the schools.

Psychiatric sessions were provided at Arthur's Hill Clinic by Dr. Monica Rowbotham (Consultant) and Dr. Joan Taunch (Senior Registrar) and at Eastview Clinic by Dr. S. Morton (Consultant) and Dr. Elspeth Spencer (Senior Registrar).



		<i>Sessions</i>	<i>Treatments C/f. from 1970</i>	<i>New Patients seen</i>
Arthur's Hill Clinic	..	60	26	45
Eastview Clinic	.. ..	67	42	36
Totals	.. ..	127	68	81

Throughout 1971, we had for the first time, Arthur's Hill Clinic functioning as the headquarters of our service and as the clinic serving the west side of the City. The advantages have been most noticeable both for parents and staff. Eastview Clinic of course continues to serve the east side of the City.

## SPEECH THERAPY

*Mrs. C. Moses, Senior Speech Therapist*

With the resignation of Mrs. Ainsley in January the work of the Speech Therapy Department all but closed, except for the two sessions per week offered by Mrs. Gilmour, until Mrs. Moses was appointed in June. In October Miss Elizabeth Adams, a graduate from Newcastle University Sub-Department of Speech, joined the staff, and Mrs. Ainley returned to work two sessions per week. At the end of December Mrs. Gilmour left to move to Leicester; our thanks are due to her for keeping the department operational during those difficult times.

Clinic sessions during the year were as follows:—

<i>Mrs. Moses</i>		<i>Miss Adams</i>		<i>Mrs. Gilmour</i>		<i>Mrs. Ainley</i>	
Ravenswood	2	Cruddas Park	2	Kenton	1	Atkinson Road	1
Middle Street	2	Middle Street	2	Arthur's Hill	1	Arthur's Hill	1
Arthur's Hill	2	Arthur's Hill	2				
Pendower Hall	2	Pendower Hall	2				
Civic Centre	2	Civic Centre	2				

The number of children seen:—

Number of treatments given	..	1,015
Number of new patients	.. ..	215
Number discharged	.. ..	90

Sessions at Pendower Hall School continue to be busy with 12 children receiving regular help and three children being seen periodically to assess progress.

Co-operation with both medical and teaching staffs make it possible for the children to receive continued and integrated help from all sources. It is becoming increasingly obvious that with pressures upon the department continuing to increase from within the normal schools, not to mention the E.S.N. and S.S.N. Schools who have received no special help this year, the possibility of appointing a full-time Speech Therapist onto the staff of Pendower Hall should be investigated.

School visiting has provided a useful contact with headteachers who have been most helpful in referring and discussing the children in need of our help. Although a significant number of the children seen in schools do not require speech therapy, we have been able to reassure their teachers and offer advice in appropriate cases.

Schools visited	..	..	..	34
Number of children seen	..	..	..	370
Number placed on waiting list	..	..	..	100
Number to be reviewed in school	..	..	..	101
Number not requiring help	..	..	..	169

### Special Education Beyond Statutory School Leaving Age

There has always been difficulty when pupils in special schools approach school leaving age. In E.S.N. and Maladjusted Schools, particularly where pupils tend to come from substandard homes in which education is a burden, there is much agitation on the part of parent and pupil to leave school as early as possible. It is hoped that the raising of the school leaving age in ordinary schools will in some measure help. In the meantime the extent to which pupils complete their period of attendance at school is to some extent a measure of the effectiveness of the education in individual schools. That there are differences can be seen from the following analysis of last year's school leavers.

School	Number of Leavers	Number Completed Education
Day E.S.N. Schools—Girls .. ..	15	10
Boys .. ..	18	18
Day Physically Handicapped .. ..	5	4
Residential (All Categories) .. ..	12	9
Ordinary Schools .. ..	3	2

There is, however, a recognisable move to encourage pupils in special schools to remain beyond the normal school leaving age. In 1971 six pupils stayed on at school for various reasons, e.g.—

<i>Category</i>	<i>School</i>	<i>Period Extended</i>	<i>Reason</i>
Deaf ..	Mary Hare ..	2 years	To take school examinations at O. and A. levels
Seriously subnormal	Rudolph Steiner	1 year	Difficulty in securing suitable accommodation in Newcastle
Epileptic ..	Lingfield ..	2 terms	To bridge the gap between school and College of Further Education
E.S.N. ..	Gallowhill ..	1 year ..	Not sufficiently mature—possibly also Mother did not want him home yet
E.S.N. ..	Gallowhill ..	1 year ..	Difficulty in making suitable provision for him in industry
Maladjusted (High I.Q.)	Shotton Hall	1 year+	To take school cert. at O level possibly also unwillingness to face up to demands of life outside school.

Some handicapped pupils can after leaving school benefit from attending courses in Colleges of Further Education and are encouraged to do so. Recently the Chief Medical Officer to the Department of Education and Science has reminded Local Authorities that they should be considering how they might be keeping these students under medical observation. Some years ago this matter was explored in Newcastle but it was not possible, at that time, to find an agreed approach to the problem.

There are also courses provided specifically for handicapped young persons—some government sponsored and some provided by voluntary bodies. The securing of further education for those students who are willing to attend, and likely to profit is undertaken by the Careers Officer. Financial responsibility is shared between the Department of Employment and the Local Education Authority.



The following arrangements were made for handicapped students:—

1. Recently Completed Course:
 

Physically Handicapped	1 student at Portland Training College, Mansfield.
Deaf .. .. .	1 student at The Sunlock Comp-tometer School, Newcastle.
2. Currently Attending Course:
 

Epilepsy .. .. .	1 student at Portland Training College, Mansfield.
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3. Awaiting Places:
 

Blind .. .. .	1 student at Queen Alexandra's College for the Blind, Har-bourne.
Partially Sighted .. ..	2 students at Finchale Abbey, Durham.
Physically Handicapped ..	3 students at Queen Elizabeth, Leatherhead. at Herewood College, Coventry. at Portland Training College.
E.S.N. .. .. .	1 student at Dilston Hall, Corbridge.

## INFECTIOUS DISEASE : PREVENTIVE MEASURES AND HEALTH EDUCATION

### 1. Infectious Disease

(i) With the exception of rubella, all forms of notifiable diseases were below average in 1971.. The notifications received in respect of children of school age were as follows:—

NUMBER OF CASES OF NOTIFIABLE DISEASE—1971

	5 - 9 years		10 - 14 years		Total
	Boys	Girls	Boys	Girls	
Measles .. .. .	22	17	4	4	47
Rubella .. .. .	153	183	41	44	421
Scarlet Fever .. ..	19	21	3	5	48
Whooping Cough ..	6	4	—	—	10
Infective Jaundice ..	—	2	2	4	8
Ac. Meningitis .. ..	—	—	—	1	1
Dysentery .. .. .	5	1	—	1	7
Tuberculosis—Respiratory	1	—	—	1	2
Other Forms	—	—	—	2	2

(ii) *Contagious Skin Disease*: There is evidence from a number of sources to show that there has been a general increase in the prevalence of skin disease in 1971. The number of pupils known to have been treated during the year for certain specific types of contagious skin disease are as follows:—

Impetigo	..	383	(Mean of previous 5 yrs.	89)
Scabies	..	223	( „ „ „ „	126)
Ringworm—				
Body only		23	( „ „ „ „	7)

These numbers pertain wholly to children treated in Local Authority Clinics. Information for these conditions have been required in the Ministry Return 8M for a large number of years, although the clinical significance of each has altered somewhat in the interval.

*Impetigo*: Since 1955 figures submitted in respect of this entity refer to the clinical condition “*Impetigo Contagiosa*” consisting of yellow crusts involving the epidermis only, a contagious streptococcal disease. The figure for 1971 is the highest since 1955 and only approached in 1967 when the number was 260. Possibly a variety of septic skin lesions are being recorded as ‘*Impetigo*’. This condition was formerly associated with overcrowding, lack of personal hygiene and malnutrition. Today these factors could be summarised into lack of parental care. It continues to be a contagious condition in primary schools and it is doubtful whether occlusion of the lesions by a dressing is really effective unless the dressing can be retained during play.

*Scabies*: This includes similar clinical conditions and in the majority of cases the *sarcoptes scabiei* has not been isolated or identified. This is the third year in succession with a high incidence.

*Ringworm*: As seen today is restricted to the body. Neither microscopical or cultural methods are now employed to identify the causal fungus and it is possible that other skin lesions resembling ringworm may be included. The number of cases reported in 1971 was the highest since 1962. With the exception of 1966, annual returns have been in single figures.

## 2. Preventive Measures

### (A) A Memorandum on the Control of Infectious Disease in Schools

During 1970 the fifth edition of this memorandum (which first appeared in 1909) was produced. The exclusion of pupils with

communicable disease from school has always been an accepted principle which was formerly contained in the education code until the inception of the School Health Service. "The appearance of the School Medical Officer, thereafter, places school hygiene on an altered footing" was given as the *raison d'être* for its publication and for 60 years it has provided an authoritative guide in times of difficulty to medical and lay administrators alike. The present edition, however, is addressed to medical staff only and is less dogmatic than its predecessors. The principles for the control of infection in schools have been brought up-to-date and it is suggested that Principal School Medical Officers will each prepare a suitable guide for the benefit of teaching staff in schools. This was in fact done in Newcastle upon Tyne when the 4th edition was published in 1956. Indeed the 1956 guide was revised and brought up-to-date some five years ago, and accords with this new revision.

### **(B) Drug Abuse**

Mention should be made of a Committee composed of a number of people concerned with drug abuse, including representatives of the Police, Psychiatrists, Medical Officers, Social Services, etc. The purpose of these meetings, which are convened by the Principal School Medical Officer and Medical Officer of Health, is to enable them to keep abreast of developments within the City and to encourage communication concerning the extent of the problem. During the year two meetings were held.

In May 1971, The Drugs (Mis-use of Drugs) Act received the Royal assent.

### **(C) The Comprehensive Scheme of Immunisation**

When a pupil enters school, immediately before his first periodic inspection, which is carried out during the first term, the parent receives a letter setting out the facilities available within the School Health Service for protection against the common infectious diseases. It is pointed out to parents that changes in detail in the scheme will be made from time to time in the light of experience, but they will be informed in advance of any measures recommended. The current scheme is as follows:—



1. On entry to school
  - (i) Make good any deficiencies in immunisation state
  - (ii) Booster—Diphtheria  
Tetanus  
Poliomyelitis  
Smallpox\*
  - (iii) Heaf test for Tuberculosis
2. 9 years            Review of vaccination state and make good any deficiencies
3. 11 years          Rubella vaccination  
Heaf test  
B.C.G. vaccination
4. 13 years          Rubella final offer to girls unvaccinated
5. 15 years          Smallpox\*  
Tetanus  
Polio  
B.C.G. offered to those who missed vaccination at 11 years

\* Discontinued September 1971.

The numbers of pupils protected in 1971 were as follows:—

(i) Rubella	..	..	11–13 years	..	..	..	..	2,160
(ii) Poliomyelitis	..		4–15 years	..	..	..	..	3,241
			15+	..	..	..	..	478
(iii) Diphtheria and Diphtheria Complex	..	..		..	..	..	..	1,145
(iv) T.A.B.	..	..	..	..	..	..	..	240
(v) T.A.B. and Tetanus	..	..	..	..	..	..	..	30
(vi) Tetanus	..	..	..	..	..	..	..	1,244
(vii) Yellow Fever	..		5–15 years	..	..	..	..	129
(viii) Smallpox—Primary	..	..	..	..	..	..	..	24
Re-vaccination	..	..	..	..	..	..	..	753

## TUBERCULOSIS

### The National Tuberculin Survey

This Survey promoted by the Medical Research Council is concerned with the prevailing levels of tuberculin sensitivity in school children in England and Wales. It is hoped that information obtained from the Survey will help to evaluate present preventive measures and shape future policy with regard to tuberculosis. Certain local authorities, of which Newcastle upon Tyne was one, were approached with a view to their taking part.

TUBERCULIN TESTING – 1971  
(Including the National Tuberculin Survey)

		5 years	Age Group 8 years	10/12 years
Numbers of parents to whom circulars were sent .. .. .	.. .. .	3,579	3,343	3,195
Numbers of children for whom consent was received .. ..	.. ..	3,320	3,140	2,952
Number of children who were tested and read .. .. .	.. .. .	3,127	2,956	2,427
Grades of Reaction obtained 1 ..	..	239	258	109
2 ..	..	133	225	335
3 ..	..	28	85	68
4 ..	..	18	27	72

B.C.G. Vaccination—

Number of children protected in maintained schools .. ..	1,809
Number protected in independent schools .. ..	474

Children who show a reaction in grades 2, 3 and 4 are referred to the Contact Clinic.

### 3. Health Education

*Miss F. E. Newton, Nursing Officer*

Health Education has continued in the City schools on the same lines as in 1970 with a greater demand, from school leavers, for single lectures and group discussions on drug abuse, alcoholism, smoking and social problems.

Mothercraft talks continued to be given by health visitors as in 1970. A new programme in St. Augustine's Girls' School included mothercraft given by Mrs. Maruf. Single talks were also given to the leavers of both the girls and boys school on smoking and venereal disease and the film "Half a Million Teenagers" was shown.

The Duke of Edinburgh's Award Scheme was extended and groups taking the bronze and silver award were large.

Health education such as first aid instruction and mothercraft was given by health visitors and school nurses, particularly in

Manor Park, Walker Upper, La Sagesse and Blakelaw Secondary Schools; and at Silverhill and Jesmond Dene House Special Schools.

The meeting each term between members of the Health Department and Head Teacher Representatives continued, being devoted to general matters but included problems connected with Health Education. Matters discussed included booklets used in the teaching of first aid, and an October campaign on smoking. Dr. Shaw outlined the Report of the Royal College of Physicians, "Smoking and Health Now". Mr. Crawford, the Chief Inspector of Schools, gave a summary of the Health Education's International Seminar on Health Education.





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**VII—Report of the  
CHIEF  
PUBLIC HEALTH INSPECTOR**

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## CHIEF PUBLIC HEALTH INSPECTOR:

L. MAIR, F.R.S.H., F.A.P.H.I.

DEPUTY CHIEF AND DIVISIONAL PUBLIC HEALTH INSEPECTOR:  
(HOUSING AND SMOKE CONTROL)

A. P. ROBINSON, M.R.S.H., F.A.P.H.I.

## DIVISIONAL PUBLIC HEALTH INSPECTORS:

Districts (General)	.. .. .	D. HARWOOD, M.A.P.H.I., A.M.INST.F.
Food Inspection and Control	..	S. HOLLIDAY, M.A.P.H.I.

## SENIOR PUBLIC HEALTH INSPECTORS:

West Division	.. .. .	G. BAILEY, M.R.S.H., M.A.P.H.I.
East Division	.. .. .	T. McCOWIE, M.A.P.H.I.
Central Division	.. .. .	E. T. ARKLESS, M.A.P.H.I.
Food Inspection and Control	..	H. S. WILSON, M.A.P.H.I.
Housing	.. .. .	R. CARVER, M.A.P.H.I. (1 vacancy)
Smoke Control	.. .. .	L. SMALLEY, M.AP.H.I.

## INSPECTORATE:

District Public Health Inspectors	..	15 (3 vacancies) (2 Inspectors attending University on leave of absence)
Public Health Inspectors (Food Inspection and Control)	.. ..	1
Pupil Public Health Inspectors	..	8 (2 vacancies)

## AUXILIARY STAFF:

General Assistants	..	..	..	2
Improvement Grant Administrators				2
Technical Assistants	..	..	..	11
Authorised Meat Officers	..	..		5
Smoke Control Investigators		..		2 (1 vacancy)
Rodent Control Staff	..	..		8
Slaughterhouse Labourer	..	..		1

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## ADMINISTRATIVE SECTION:

Senior Administrative Assistant	..			Mrs. G. FREEMAN
Clerks	..	..	..	11 (1 vacancy)
Shorthand-Typists	..	..	..	2

## PREAMBLE

It is a widely held belief when recalling times of yore, childhood days were all sunny, the days of old are widely referred to as the “good old days”, schooldays are “the happiest days of your life” and so on. Perhaps it is an inherent propensity of human nature to invest the past with an ambience of glowing satisfaction and if this be true, it might account for the optimistic and congratulatory style in which so many annual reports are presented. Whatever philosophy may be the guiding principle of a public health inspector, a spurious euphoria certainly has no part in it – his daily work is based too firmly on a philosophical pragmatism to lend itself to fanciful wishful thinking. The overall objective of the public health inspection service is the furthering of community interests in the realm of environmental health so perhaps it is appropriate, when drafting an annual report, to make scant mention of the achievements and to lay greater emphasis on the failures and deficiencies and, in this way, identify the areas of activity where attention can be directed to greater advantage.

Throughout 1971, undoubtedly the most frustrating feature was the continuing shortage of experienced public health inspectors, particularly in view of the increasing burden created by improvement grants, qualification certificates, houses in multiple occupation and other very essential activities. The shortage of inspectorial staff in the North East region and, indeed, in all the populous conurbations, seems now to be a permanent feature of the environmental health scene, but for far too long our own department has endured much more than a fair share of inspectorial manpower deficiency. During the past twenty years or so the recruitment and training record of Newcastle has never been excelled in the North East and there are very few regions in the country which cannot boast of employing quite a number of Newcastle trained inspectors and, indeed, there can scarcely be a local authority of even a moderate size in the North East which has not benefited from the tradition of training offered within our City.

Such a training policy is to be applauded as public health inspectors can be trained only by local authorities and only in the field of local government can he use his particular expertise to full advantage. It seems, however, that our own department has to a large degree over the past years been operating as a production unit



turning out high grade staff which has departed to meet the inspectorial needs of less active local authorities. It is not disputed that among the younger officers there must always be movement between different types of authorities – in the normal course of events this is the most effective and quickest way of broadening experience, acquiring new ideas and practices and becoming of truly worthwhile use to the community which we serve, but one is impelled to question the equity of circumstances which have created and maintained such a disparity in the import and export, as it were, of qualified inspectors. Human nature being what it is most newly qualified inspectors are tempted to seek posts in other areas where not only is the pressure and volume of work considerably less, but where a greater financial reward is available, often in more pleasant surroundings.

The administration and organisation of the service itself is often the victim of the vicissitudes of staff change and unless improvisation and adjustments can be made with a full knowledge and experience of the needs of the service and a comprehensive appreciation of the service and a comprehensive appreciation of the objectives being sought, the maximum effectiveness will not be achieved.

However, the pending local government reorganisation within the Metropolitan County will bring with it changed circumstances which must surely operate to the advantage of the environmental health services as a whole and enable greater attention to be directed to the environmental health aspects of food control, noise abatement, air pollution, working conditions and the many other activities in which the community is served. But this can be achieved only if the knowledge and experience already available within the service itself is applied usefully to the task of reorganisation. It is three years or so ago that a distinguished Medical Officer of Health stated that public health in our City was at the crossroads. Everything possible must be done to ensure that the environmental health functions remaining with the new District Authority are channelled into the right direction to ensure that the enlarged community is served comprehensively, efficiently and economically.

In the meantime, much steady progress has been accomplished throughout 1971. With the passing of the solid smokeless fuel crisis, the suspension orders on Smoke Control Areas Nos. 1-8 were lifted in May and at the end of the year there were indications that the long awaited acceleration of the Smoke Control Programme



might be in operation in 1972. This is most encouraging to all those engaged in the task of cleaning our air; public opinion is unquestionably in favour of this social advancement as not a single dissentient voice has been heard for many years. Nevertheless, the Secretary of State for the Environment felt it necessary in July to publish circular No. 53/71 urging local authorities in black areas to adopt a more active and progressive attitude in this matter. The Northern region has the highest smoke concentration in the country and yet it has made markedly less progress in smoke control than any other industrial conurbation.

It would be unfortunate if, in our own City, the considerable expenditure and effort now being applied to the cleaning of public buildings had to be repeated because of slow progress in smoke control, but even more regrettable would it be if such an opportunity were not used to the full to reduce substantially the human misery and family distress caused by chronic respiratory disorders and to leave a heritage of clean air for future generations. The health of the child of tomorrow is surely of greater concern than the motor car of today.

Despite a minor setback at the end of the year, slum clearance forged ahead, and, provided that rehousing resources continue to be available, the future in this field can be faced with confidence.

Reference to other activities of the service are made elsewhere in the body of this report and do not require special mention and the main objective at the end of the year was to ensure, by dint of unremitting effort, that 1972 will, in due course, be viewed in retrospect with pride and satisfaction.

## **HOUSING ACTS 1957—1969**

During the year the inspection and classification of houses scheduled for clearance in the Housing Programme took place in the following areas, Crown Street, Chirton Street, Janet Street, Union Road, Carville Road. This involved the inspection of some 702 houses of which number 605 were found to be unfit for human habitation within the meaning of Section 4 of the Housing Act 1957. With the exception of the Carville Road area, which will be represented early in 1972, all of the areas formed the subject of official representations, as did also the Isabella Street area which was inspected and classified at the end of 1970.

Compulsory Purchase Orders were made during the year in respect of six areas previously represented and a Clearance Order was made in respect of that part of the Hunters Road area which had been excluded by the Minister from a Compulsory Purchase Order made in 1969. In connection with the eight public inquiries held in respect of nine orders, objections were made in respect of 50% of the represented houses which necessitated the re-inspection of 314 houses for the purpose of 'principal grounds'.

During the year nine Compulsory Purchase Orders and two Clearance Orders were confirmed by the Secretary of State of the Department of the Environment. In respect of three of these orders, minor modifications were made affecting seven of the represented houses, a percentage of only 0.8%.

At the beginning of the year the slum clearance programme was accelerated and despite serious staffing difficulties the programme for the year was substantially met. By the end of the year, however, the final target representation for the year was a month late and it is inevitable that further and increasing delays will be occasioned before the end of 1972.

## Statistical Summary

### Areas of Unfit Houses Represented to the Housing Committee

	<i>Clearance Area</i>					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Isabella Street	..	..	..	..	..	174	321	947
Crown Street	..	..	..	..	..	266	435	1,186
Chirton Street	..	..	..	..	..	46	85	208
Janet Street	..	..	..	..	..	127	241	659
Union Road	..	..	..	..	..	9	17	41
					Totals	622	1,099	3,041

### Compulsory Purchase Orders and Clearance Orders Made

						<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Byker (Shields Road West) C.P.O.								
Clearance Area	..	..	..	..	..	15	16	37
Added Lands	..	..	..	..	..	—	—	—
Victoria Street C.P.O.								
Clearance Area	..	..	..	..	..	12	21	63
Added Lands	..	..	..	..	..	—	—	—
Milton Street C.P.O.								
Clearance Area	..	..	..	..	..	51	60	194
Added Lands	..	..	..	..	..	27	37	107
Council Property*		..	..	..	..	7	6	29

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Isabella Street C.P.O.							
Clearance Area	..	..	..	..	174	321	947
Added Lands	..	..	..	..	5	8	23
Crown Street C.P.O.							
Clearance Area	..	..	..	..	266	435	1,186
Added Lands	..	..	..	..	59	95	239
Council Property	..	..	..	..	20	20	148
Gillies Street C.P.O.							
Clearance Area	..	..	..	..	7	14	39
Added Lands	..	..	..	..	1	2	4
Hunters Road C.O.	..	..	..	..	14	25	86
				Totals	658	1,060	3,102

\* *Not in Clearance Area*

#### Public Local Inquiries Held

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Bolam Street (West) C.P.O.							
Clearance Area	..	..	..	..	158	292	843
Added Lands	..	..	..	..	79	145	408
Hannington Place C.P.O.							
Clearance Area	..	..	..	..	8	10	26
Added Lands	..	..	..	..	7	7	17
Cromwell Street C.P.O.							
Clearance Area	..	..	..	..	244	450	1,262
Added Lands	..	..	..	..	87	136	402
Fowberry Road C.P.O.							
Clearance Area	..	..	..	..	34	63	183
Added Lands	..	..	..	..	7	8	27
Frank Street C.P.O.							
Clearance Area	..	..	..	..	90	162	480
Added Lands	..	..	..	..	16	14	51
Byker (Shields Road West) C.P.O.							
Clearance Area	..	..	..	..	15	16	37
Added Lands	..	..	..	..	—	—	—
Gill Street (No. 2) C.P.O.							
Clearance Area	..	..	..	..	22	42	105
Added Lands	..	..	..	..	—	—	—
Victoria Street C.P.O.							
Clearance Area	..	..	..	..	12	21	63
Added Lands	..	..	..	..	—	—	—
Milton Street C.P.O.							
Clearance Area	..	..	..	..	51	60	194
Added Lands	..	..	..	..	27	37	107
				Totals	857	1,463	4,205



# Compulsory Purchase Orders Confirmed by the Secretary of State for the Environment

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Cromwell Street C.P.O.							
Clearance Area	..	..	..	..	243	448	1,256
Added Lands	..	..	..	..	87	137	405
Council Property*	..	..	..	..	23	26	144
Gill Street No. 2 C.P.O.							
Clearance Area	..	..	..	..	22	42	105
Added Lands	..	..	..	..	—	—	—
Bolam Street (West) C.P.O.							
Clearance Area	..	..	..	..	154	283	817
Added Lands	..	..	..	..	83	154	434
Council Property*	..	..	..	..	20	40	102
Hannington Place C.P.O.							
Clearance Area	..	..	..	..	8	10	26
Added Lands	..	..	..	..	5	5	8
Fowberry Road C.P.O.							
Clearance Area	..	..	..	..	33	61	177
Added Lands	..	..	..	..	7	8	27
Council Property*	..	..	..	..	1	1	6
Frank Street C.P.O.							
Clearance Area	..	..	..	..	90	162	480
Added Lands	..	..	..	..	6	12	38
Council Property*	..	..	..	..	1	2	7
Byker (Shields Road West) C.P.O.							
Clearance Area	..	..	..	..	13	15	35
Added Lands	..	..	..	..	—	1	2
Victoria Street C.P.O.							
Clearance Area	..	..	..	..	12	21	63
Added Lands	..	..	..	..	—	—	—
Gillies Street C.P.O.							
Clearance Area	..	..	..	..	7	14	39
Added Lands	..	..	..	..	1	2	4
Hunters Road C.O.	..	..	..	..	14	25	86
Shumac Street C.O.	..	..	..	..	27	26	85
				Totals	..	857	1,495
							4,346

## Individual Unfit Houses

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Number represented	..	..	..	..	30	50	158
Demolition Orders made	..	..	..	..	3	5	12
Closing Orders made							
(Part of house)	..	..	..	..	7	8	30
(Whole house)	..	..	..	..	12	30	67
				Totals	..	22	43
							109

## Undertakings given

To Close or Demolish	..	..	..	..	19	19	60
Certificates of Unfitness	..	..	..	..	7	5	25



### The Sub-Standard House

The increased cost limits provided by the Housing Act 1969, the extensive national and local publicity and the increase in the amount of grant from 50% to 75% provided by the Housing Act 1971 have caused a further increase in the numbers of applications received. Applications for improvement and standard grants totalled 558 which is a 46% increase on the figure for 1970 and a 144% increase on the figure for 1969. Further, greater advantage is being taken of the more generous 'improvement grants' where grant is available towards certain repairs and replacements. The proportion of applications for improvement grants has increased from 29% in 1970 to 45% of the total number of applications received during 1971.

Year	Applications Received		
	Standard Grant	Improvement Grant	Total
1968	197	51	248
1969	189	39	228
1970	269	112	381
1971	303	255	558

During the year reports were submitted to the Revitalisation Working Group which resulted in the grant aided improvement of dwelling-houses as indicated in the following table.

(a) *Improvement Grants (Discretionary)*

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average grant
255	151	3	105	92	£28,449	£309

*(b) Standard Grants*

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average grant
303	270	—	54	190	£30,095	£158

**Houses in Multiple Occupation**

As mentioned in the last Annual Report the Department of the Environment indicated that the scheme for the registration of houses in multiple occupation, which had been prepared during 1970, should comply with the provisions of the Minister's Combined Informatory and Regulatory model schemes. In consequence, the Newcastle upon Tyne (Registration of Houses in Multiple Occupation) Informatory and Regulatory Scheme 1971 was made under the provisions of the Housing Acts 1961, 1964 and 1969, was approved by the Minister and was duly brought into operation on the 28th May, 1971.

The scope and application of this scheme was relatively restricted when compared with the Council's original proposed scheme as the present scheme applies only to a house which, on the 28th May, 1971, was occupied by more than two households, or, apart from one household (if any) was occupied by more than four persons. The requirement of registration, therefore, will apply to what is probably a minority of houses in multiple occupation in the City but, nevertheless, a considerable amount of publicity was maintained during June of 1971, including notices in the local press and the distribution and display of large, somewhat colourful, posters designed to bring the essential details of the scheme to the notice of all persons concerned.

Shortly after this publicity numerous enquiries were received and full details of the scheme were given verbally in addition to the enquirers being supplied with a copy of the scheme. During that particular period it was noticeable that enquiries were coming from persons having an interest in houses in multiple occupation in the better areas of the City and very few enquiries indeed were received

in respect of houses in areas where, in the past, considerable multiple occupation problems had been encountered.

The operation of the scheme, together with statistical information relating to applications for registration or variation of the registration of a controlled provisions house, was dealt with in a special report submitted to the Housing Committee in November and in view of the rather lukewarm reception accorded to the scheme by owners and agents it was agreed that further press publicity be undertaken and that all owners of known houses in multiple occupation be circulated with details of the scheme and that, in due course, a further report be submitted with a view to considering what further enforcement action could be taken should that publicity programme prove to be unfruitful.

At the time of the operation of the Registration Scheme the opportunity was taken to introduce amended standards of amenities and overcrowding applicable to houses in multiple occupation. Such standards were originally approved by the Health Committee in 1956 and were amended by that Committee in 1963, but since then slum clearance had proceeded apace and the worst types of multiple occupation, found mainly in the West End, have been eliminated. It was, therefore, felt that with the introduction of registration it would be appropriate that improved standards of amenities should be required, the principal changes in respect of which relate mainly to sanitary accommodation and the provision of personal washing facilities including baths.

## Houses in Multiple Occupation - Statistics

### The Registration Scheme

(a) *H.M.O. 1—Information concerning a house in existing multiple occupation on the 28th May, 1971.*

Total number received	..	..	..	..	..	..	57
Number inspected	..	..	..	..	..	..	44
Number submitted to the Housing Committee under the Housing Act 1961, Section 15							
October 1971	..	..	..	..	..	..	} 32
November 1971	..	..	..	..	..	..	
Number found to be satisfactory in all respects	..	..	..	..	..	..	2
Number of letters sent confirming Registration	..	..	..	..	..	..	41
Number where special grants may be applied for	..	..	..	..	..	..	31



(b) *H.M.O. 2—Application for registration or variation of registration of control provisions house (where applicant proposes to permit after the 28th May, 1971 multiple occupation beyond the permitted limit of occupation).*

Total number received	..	..	..	..	..	..	23
Number inspected	..	..	..	..	..	..	23
Number received (included in the total number) following an inspection as a result of receiving form H.M.O. 1	..	..					22
Number found to be lacking in amenities	..	..	..	..			23
Number submitted to the Housing Committee for consideration of registration	..	..	..	..	..	..	23
Number where special grant may be applied for	..	..	..				22

(c) *Applications for Special Grants*

Number received	..	..	..	..	..	..	3
Number under consideration at end of year	..	..	..				3

**General**

Number of inspections of houses	..	..	..	..	..	879
Notices served, Section 15, Housing Act 1961	..	..	..			11
Notices served, Section 90, Housing Act 1957	..	..	..			—
Notices served of Intention to give a Direction	..	..	..			6
Directions made	..	..	..	..	..	7
Variations of a Direction Order	..	..	..	..	..	1
Directions revoked	..	..	..	..	..	—
Section 15, Housing Act 1961, notices complied with	..	..				1
Section 15, Housing Act 1961, notices in default	..	..	..			—
Applications under Section 18(2) for Local Authority to do the work						—
Houses or parts of houses submitted for Demolition or Closing Orders	..	..	..	..	..	14
Prosecutions in respect of contraventions of—						
(a) Section 15, Housing Act 1961	..	..	..	..		—
(b) Section 19, Housing Act 1961	..	..	..	..		3
Houses forming the subject of Appeal—						
Section 15, Housing Act 1961	..	..	..	..	..	—

**Unfit Houses - Demolition**

The steady increase in the number of houses demolished in Clearance Areas continued throughout 1971. The total number was 1,001 compared with 768 in the previous year and 595 in 1969.

						<i>Houses</i>
In clearance areas	..	..	..	..	..	920
Individual unfit houses	..	..	..	..	..	14
On undertakings by owners (not in clearance areas)	..	..				6
On certificates of unfitness (Corporation properties)	..	..				61
						<hr/> 1,001 <hr/>



## Unfit Houses - Rehousing

During 1970 the highest number of families were rehoused from unfit houses since records were kept in the department but even the 1970 figure of 1,426 was exceeded in 1971, as indicated below.

	<i>Families</i>
Clearance Areas .. .. .	1,301
Individual Unfit Houses .. .. .	38
On undertakings by owners (not in clearance areas) .. .. .	2
On certificates of unfitness (Corporation properties) .. .. .	103
	<hr/>
	1,444
	<hr/>

## RENT ACT 1968 AND THE HOUSING ACT, 1969

Since the introduction of the provisions of the Housing Act 1969 enabling controlled tenancies to be converted to regulated tenancies by way of a qualification certificate, the provisions in the Rent Act of 1968 to enable a certificate of disrepair to be issued to permit rent increases to be withheld have become virtually a dead letter. During the year not a single application for a certificate or for the revocation or cancellation of a certificate was received and at the end of 1971 the 364 certificates remaining extant was unchanged as compared with the previous year.

During 1971 a total of 1,734 applications for qualification certificates were received as compared with 230 in the previous year and it is, therefore, not surprising that this vast volume of urgent work resulted in a reduction in virtually all of the other types of routine inspections. Unfortunately the flow of applications throughout the year was not uniform and, on occasions, the District Public Health Inspectors were so overloaded that normal routine work was halted for some time. However, it is hoped that after the end of 1971 there will be a gradual reduction in the number of applications received after the initial enthusiasm has exhausted itself and that it will be possible to fit such applications into the normal pattern of work without undue disruption.

At the end of 1971 the position in relation to qualification certificates was as follows:—

### *Improvement Cases*

No. of applications for Qualification Certificates under Section 44(2) under consideration at end of period .. .. .	33
No. of Certificates of Provisional Approval Issued .. .. .	130
No. of Qualification Certificates issued under Section 46(3) .. .. .	53

*Standard Amenities Already Provided*

Total number of applications received	1,734
No. of applications for Qualification Certificates under Section 44(1) under consideration at end of period	326
No. of Qualification Certificates issued under Section 45(2) in respect of—	
(i) Dwellings with reatable value of £60 or more	197
(ii) Dwellings with rateable value of £40–£60	527
(iii) Dwellings with a rateable avlue of less than £40	34

**PUBLIC HEALTH ACTS 1936—1961****Nuisances**

There was another substantial fall in the number of complaints received in the department relating to nuisances, the total during the year being 2,515 compared with 2,978 during 1970. This welcome reduction is one of the incidental benefits arising from the continuing clearance of unfit houses and to the developing programme of the improvement of sub-standard houses. In a normal staffing situation this reduced number of complaints would have permitted attention to be directed to other urgent outstanding matters relating to such activities as industrial air pollution control, food hygiene, noise investigations and the like, but the consequent reduction in the volume of work is insignificant when compared with the magnitude of the tasks facing the department.

**Noise Abatement**

In all a total of 221 visits were made in connection with noise complaints during the year, this is slightly less than during the previous year. However, the magnitude of the problem and the period of time involved in dealing with such complaints are not directly associated with the actual number of complaints received and, indeed, it is probable that more time was spent during 1971 on noise investigation than in any single previous year.

The popularity of launderettes has brought with it special noise problems caused by various apparatus, including electrical motors, emissions from steam exhaust tanks, vibration from drying machines, the general hubbub caused by customers and, on occasions, the persistent use of transistor radios used by customers whilst awaiting completion of the washing operations. In at least one of these cases it was expected that legal proceedings would be considered before the end of the year.



Other complaints arose from the use of industrial sewing machines, noisy operations from a vehicle repair shop, musical entertainments in a social club, a pump to a lime silo in a chemical factory, noise from the air exhaust of a de-panning machine in a bakery and a malfunctioning alarm system at a Post Office repeater station.

All of these matters, with the exception of a particular launderette, were satisfactorily dealt with during the year.

### Statutory Notices Served

(a) Public Health Acts, 1936—1961	..	..	..	..	586
(b) Corporation Act, 1935	..	..	..	..	159
(c) Final letters sent	..	..	..	..	155
(d) Noise Abatement Act, 1960	..	..	..	..	2

### Legal Proceedings

(Under Public Health Acts and Newcastle Corporation Act)

Hearings pending at end of 1970	..	..	..	..	8
Complaints and Informations laid	..	..	..	..	85
Summonses withdrawn (nuisances abated)	..	..	..	..	14
Orders made (Corporation Act, 1935)	..	..	..	..	—
Nuisance Orders made	..	..	..	..	1
Informations proved	..	..	..	..	64
Hearings pending at end of year	..	..	..	..	4

### Places of Public Entertainment

All of the places of public entertainment listed below were visited during evenings and weekends during planned overtime periods when non-compliance with requirements was much more likely to occur. On these occasions 81 visits were made to such places when 54 contraventions were detected but, happily, these were satisfactorily dealt with after giving nine verbal notices and 26 written notices.

By and large standards were generally satisfactory, but the relatively high number of contraventions found at the time of inspection demonstrates the need for continual supervision during those periods when the premises are in greatest use. During the year all theatres and other premises having temporary theatre licences were visited prior to the renewal of the licences.

The premises referred to above comprise the following:—



Bingo Halls	..	..	..	..	..	15
Bowling Alleys	..	..	..	..	..	1
Cricket Grounds	..	..	..	..	..	6
Concert Halls	..	..	..	..	..	1
Cinemas	..	..	..	..	..	12
Dance Halls	..	..	..	..	..	5
Football Grounds	..	..	..	..	..	2
Greyhound Stadiums		..	..	..	..	1
Lawn Tennis Clubs	..	..	..	..	..	4
Leisure Centres	..	..	..	..	..	3
Music Halls	..	..	..	..	..	1
Theatres	..	..	..	..	..	3
Temporary Theatre Licences	..	..	..	..	..	32
(Church Halls, Schools, etc)						

### Offensive Trades

The position concerning these trades is the same as at the end of 1970 and with the exception of one business, are all centralised in the Municipal Abattoir buildings where conditions are entirely satisfactory.

<i>Trade</i>					<i>No. of Trades</i>	<i>No. of Premises</i>
Bone Boiler	..	..	..	..	1 }	
Fat Extractor	..	..	..	..	1 }	
Fat Melter	..	..	..	..	1 }	
Soap Boiler	..	..	..	..	1	1
Gut Scraper	..	..	..	..	1 }	
Tripe Boiler	..	..	..	..	1 }	1
Fell Monger	..	..	..	..	1	1

### Tents, Vans and Sheds

Although, on occasion, during the year a caravan was observed to be stationed on some of the many cleared slum clearance sites, particularly in the West End, the period of stay was inevitably very short and no particular problem was created. Nevertheless, the illegal occupation of such sites by caravans used for living purposes is a matter which must be kept under constant observation as the uncontrolled occupation of such sites would inevitably lead to very serious adverse environmental conditions, particularly in respect of the lack of sanitary accommodation and water supply.

At the Temperance Festival held during the last week in June there was the highest number of caravans and families for several years when 425 caravans were found to be housing 1,144 persons.

Conditions generally on the official festival site were again quite satisfactory as all the residents are members of the Showmen's Guild whose prescribed standards of management of the site satisfy all the requirements of the department. However, there was an unwelcome increase in the number of caravans and other vehicles occupying the North compound adjacent to Grandstand Road.

It is difficult to keep this unauthorised site under satisfactory hygienic sanitary control and although, due entirely to the efforts of the City Engineer's staff, refuse was regularly removed and the condition of the sanitary conveniences maintained satisfactorily, some consideration should be given to the provision of suitable water supplies, water disposal points and properly designed sanitary accommodation and refuse collection arrangements if it is intended that this particular site is to be used as a regular holiday site.

It is appropriate that once again it should be pointed out that the Newcastle upon Tyne Corporation Act of 1926 prohibits the use of land by any van for living purposes unless this land is provided with sufficient roads, sewers and a satisfactory separate supply of water. Of the 61 vehicles on this unauthorised site housing 206 persons, no less than 38 caravans were occupied by holiday-makers who were in no way involved in the operation of the Temperance Festival. Indeed none of the other vehicles was there for any purpose associated with the Festival as they accommodated two horse dealers, two agricultural painters, two furniture dealers, one haulage contractor, two firewood merchants, five scrap dealers, two tarmac sprayers, two odd jobbers and five whose occupations (if any) could only be described as miscellaneous.

### **Common Lodging Houses**

The Salvation Army Men's Hostel continued to be the only common lodging house in the City and, as in previous years, it was operated in its usual excellent fashion during 1971.

During the year discussions took place with an organisation known as the Tyneside Cyrenians Ltd., which organisation was endeavouring to establish a common lodging house to meet the needs of persons who could not, or did not wish to gain access to the Salvation Army Men's Hostel. Much difficulty, however (presumably because of lack of funds) was encountered in attaining



the bare minimum standards of public health requirements and at the end of the year the matter was still under consideration.

### **New Buildings and Alterations**

The excellent co-operation which has been established between the City Engineer's Department, the Planning Department and the Public Health Inspection Department continued throughout the year and enabled all plans to be examined by a Senior Public Health Inspector before final approval. In this way unsatisfactory construction proposals have been avoided on numerous occasions, particularly in relation to noise and nuisance which could have arisen from unsatisfactory industrial developments. This work is very time consuming but most fruitful and prevents subsequent time consuming negotiations between the Health Department and the owner of offending premises.

## **THE EXAMINATION OF WATER SUPPLIES**

### **The Supply of Water**

During the year 48 samples of water were taken at random for chemical analysis by the Public Analyst and the reports indicated that the water supply in the City was of satisfactory organic purity, did not have any plumbo-solvent action, was free from turbidity, colour or taste and was in every way satisfactory for use as a public water supply. The average lead content of the water throughout the year was 0·02 parts per million, the maximum figure being 0·03 parts per million. The maximum level recommended by the World Health Organisation is 0·05 parts per million.

At the end of the year the supply of water to domestic dwellings was as follows:—

(a)	Total number of dwelling houses supplied	..	..	81,545
(b)	Population supplied from public mains—			
	(i) direct to dwelling-houses	..	..	221,390
	(ii) from stand pipes	..	..	Nil

### **Fluoridation of Water Supplies**

The addition of fluoride to the water supplies to the City, which commenced in October 1968 continued throughout the year. A total of 442 samples were taken of which 22 were submitted to the



Public Analyst for examination to establish the fluoride content of the water. From his reports the average over the year was 0.95 p.p.m. The remaining samples were tested within the Department with the co-operation of the Newcastle and Gateshead Water Company, and the total average for the year was 0.958 p.p.m. This figure is reasonably near the target figure of 1.00 p.p.m. The lowest fluoride figure obtained from a sample during 1971 was 0.20 p.p.m. due to a mechanical breakdown of the dosing plant at Whittle Dene Reservoirs. The highest figure obtained was 1.20 p.p.m.

### Bacteriological Examination of Water

During the year a total of 334 samples of water were taken for bacteriological examination. This total figure comprised 313 samples taken from mains sampling points of which 311 samples proved to be highly satisfactory and the two remaining samples satisfactory. Further samples originated from water points in domestic and commercial premises, consisting of ten samples from the former and four from the latter. These samples were taken because of complaints by the inhabitants or staff but all these samples also subsequently proved to be highly satisfactory. The remaining seven samples were taken from water supply points in the City Abattoir and although one of these proved to be unsatisfactory the subsequent check sample gave a highly satisfactory result.

	Class 1 Highly Satis- factory	Class 2 Satis- factory	Class 3 Sus- picious	Class 4 Unsatis- factory	Number Taken
Sampling Points ..	311	2	0	0	313
Domestic Premises	10	0	0	0	10
Commercial Premises ..	4	0	0	0	4
Abattoir .. ..	6	0	0	1	7
TOTAL ..	331	2	0	1	334

### Public and School Swimming Baths

There are 18 swimming baths in the City comprising 11 public baths and seven baths attached to schools. All the bath waters continued to be changed by recirculation and were regularly sampled

during the year for bacteriological examination. A total of 30 visits were made for the purpose of taking 60 samples from inlet and outlet positions of the swimming baths. These samples were submitted to the Public Health Laboratory Service for examination. The results of these samples are tabulated below, and by reference to them it can be seen that the swimming bath waters are maintained to a high standard.

### BACTERIOLOGICAL EXAMINATION

Class 1	Class 2	Class 3	Class 4	Total
Nii. b.coli.	1 to 3 b.coli.	4 to 10 b. coli.	10 + b.coli.	
58	2	—	—	60

Bath-side tests were also carried out for free and total chlorine content of the water and for pH value. Advice was given where difficulties with chlorination were being experienced and, in particular, to a new swimming bath used for therapeutic purposes where teething troubles of new chlorination equipment together with inexperienced staff were causing low chlorination figures in the swimming bath water. A close liaison was established with the swimming pool operatives in this case and regular sampling will continue in 1972.

### SUMMARY OF VISITS CARRIED OUT BY PUBLIC HEALTH INSPECTORS FOR THE YEAR 1971

Complaints received	..	..	..	..	..	..	..	2,515
Nuisances found on District in addition to above	..	..	..	..	..	..	..	75
Noise ..	..	..	..	..	..	..	..	5
								<hr/> 2,595

### Dwellinghouses

#### 1. Under Housing Acts :

(a) On inspection of district and under any Regulations made under Acts	..	..	..	..	..	..	..	11
(b) Individual Unfit Houses								
(i) Repairable at reasonable cost	..	..	..	..	..	..	..	39
(ii) Not repairable at reasonable cost	..	..	..	..	..	..	..	228
(c) Houses let in lodgings	..	..	..	..	..	..	..	879
(d) Clearance and redevelopment areas	..	..	..	..	..	..	..	4,505
(e) Overcrowding provisions	..	..	..	..	..	..	..	53

(f) Certificates of Unfitness .. .. .	11
(g) Improvement Grants .. .. .	983
(h) Other visits .. .. .	10,560
(i) Decontrol Applications: Qualification Certificates .. .. .	8,718

## 2. Under Rent Acts :

(a) In connection with Certificates of Disrepair .. .. .	4
(b) In connection with other certificates .. .. .	4
(c) Other visits .. .. .	—

## 3. Under Public Health Act and Water Act :

(a) Water closets .. .. .	1,308
(b) Common courts, yards and passages .. .. .	2
(c) Filthy and verminous premises .. .. .	126
(d) Dustbins .. .. .	284
(e) Statutory nuisances .. .. .	5,556
(f) Water supplies .. .. .	279
(g) Disinfestation .. .. .	3,557
(h) Infectious Diseases (other than food poisoning) .. .. .	31
(i) Drains and Sewers .. .. .	907
(j) Other visits .. .. .	4,729

## Other Premises

### 1. Under Public Health Acts :

(a) Premises used for the keeping of animals .. .. .	5
(b) Places of Public entertainment .. .. .	113
(c) Public conveniences .. .. .	78
(d) Offices .. .. .	15
(e) Schools .. .. .	4
(f) Shops .. .. .	3
(g) Offensive trades	
(i) Blood boiler and blood drier .. .. .	4
(ii) Bone boiler .. .. .	1
(iii) Fat extractor and fat melter .. .. .	1
(iv) Fell monger .. .. .	2
(v) Glue maker and size maker .. .. .	—
(vi) Gut scraper .. .. .	—
(vii) Rag and bone dealer .. .. .	—
(viii) Soap boiler and tallow melter .. .. .	—
(ix) Tripe boiler .. .. .	—
(h) Baths and wash-houses .. .. .	13
(i) Common lodging houses .. .. .	9



(j) Watercourses, ditches, ponds, etc.	..	..	..	..	8
(k) Tents, vans, sheds	..	..	..	..	55
(l) Exhibition	..	..	..	..	7
(m) Hide and skin depot	..	..	..	..	7
(n) Other visits..	..	..	..	..	39
2. Food and Drugs Act :					
(a) Bakehouses—Mechanical	..	..	..	..	109
(b) Bakehouses—Non-Mechanical	..	..	..	..	14
(c) Butchers	..	..	..	..	243
(d) Premises used for the preparation of sausages or potted, pressed, pickled or preserved food	..	..	..	..	197
(e) Catering premises	..	..	..	..	908
(f) Confectioners (sweet shops and bakers shops)	..	..			249
(g) Dairies	..	..	..	..	35
(h) Fishmongers	..	..	..	..	55
(i) Food factories	..	..	..	..	60
(j) Fried fish shops	..	..	..	..	76
(k) General dealers and supermarkets	..	..	..	..	496
(l) Greengrocers	..	..	..	..	114
(m) Grocers	..	..	..	..	78
(n) Ice cream factories	..	..	..	..	31
(o) Ice cream retail premises	..	..	..	..	250
(p) Ice cream vehicles	..	..	..	..	32
(q) Licensed Premises					
(i) Public houses and Hotels	..	..	..	..	258
(ii) Clubs	..	..	..	..	114
(iii) Off Licences	..	..	..	..	58
(r) Milk retail premises	..	..	..	..	261
(s) Mobile shops	..	..	..	..	47
(t) Delivery vehicles	..	..	..	..	85
(u) Street traders	..	..	..	..	824
(v) Food poisoning	..	..	..	..	41
(w) Unsound food	..	..	..	..	438
(x) Other visits..	..	..	..	..	862
3. Under Clean Air Act and Regulations and Orders made thereunder :					
(a) Smoke observations (half-hour)	..	..	..	..	75
(b) Smoke observations (eight-hour)	..	..	..	..	4
(c) Visits to boiler and other plant (routine)	..	..	..	..	78
(d) Visits to boiler and other plant (smoke, grit and dust emissions)	..	..	..	..	18
(e) Smoke Control Areas	..	..	..	..	5,259
(f) Smoke nuisances	..	..	..	..	75
(g) Air pollution survey	..	..	..	..	954
(h) Other visits..	..	..	..	..	99

4.	Offices, Shops and Railway Premises Act, 1963 :						
	(a) General inspections						
	(i) Offices	..	..	..	..	..	830
	(ii) Shops (retail)	..	..	..	..	..	818
	(iii) Wholesale departments or warehouses	..	..	..	..	..	206
	(iv) Catering establishments open to the public	..	..	..	..	..	165
	(v) Staff canteens	..	..	..	..	..	9
	(vi) Fuel storage depots	..	..	..	..	..	1
	(b) Other visits..	..	..	..	..	..	3,420
5.	Factories Act, 1961 :						
	(a) Factories without mechanical power	..	..	..	..	..	75
	(b) Factories with mechanical power	..	..	..	..	..	1,827
	(c) Other premises where Section 7 is enforced by Local Authority (excluding outworkers' premises)	..	..	..	..	..	25
	(d) Outworkers' premises	..	..	..	..	..	9
6.	Other Miscellaneous Acts, Orders and Regulations						
	(a) Burial Act, 1857 (Exhumations)	..	..	..	..	..	104
	(b) Merchandise Marks Act	..	..	..	..	..	9
	(c) Hairdressers (Corporation Act, 1956)	..	..	..	..	..	265
	(d) Tents, vans and sheds (Caravan Sites and Control of Development Act, 1960 and Corporation Act, 1926)	..	..	..	..	..	70
	(e) Corporation Act, 1935 (drains, etc).	..	..	..	..	..	565
	(f) Pet Animals Act, 1951	..	..	..	..	..	44
	(g) Riding Establishments Act	..	..	..	..	..	5
	(h) Animal Boarding Establishments Act, 1963	..	..	..	..	..	2
	(i) Prevention of Damage by Pests Act, 1949	..	..	..	..	..	10,896
	(j) Pharmacy and Poisons Act, 1933	..	..	..	..	..	25
	(k) Noise Abatement Act, 1960	..	..	..	..	..	221
	(l) Rag Flock and Other Filling Materials Act, 1951	..	..	..	..	..	33
	(m) Slaughter of Poultry Act, 1967	..	..	..	..	..	1
	(n) Newcastle upon Tyne Corporation Act, 1968 (water supply)	..	..	..	..	..	12
							<hr/> 75,270 <hr/>

## AIR POLLUTION

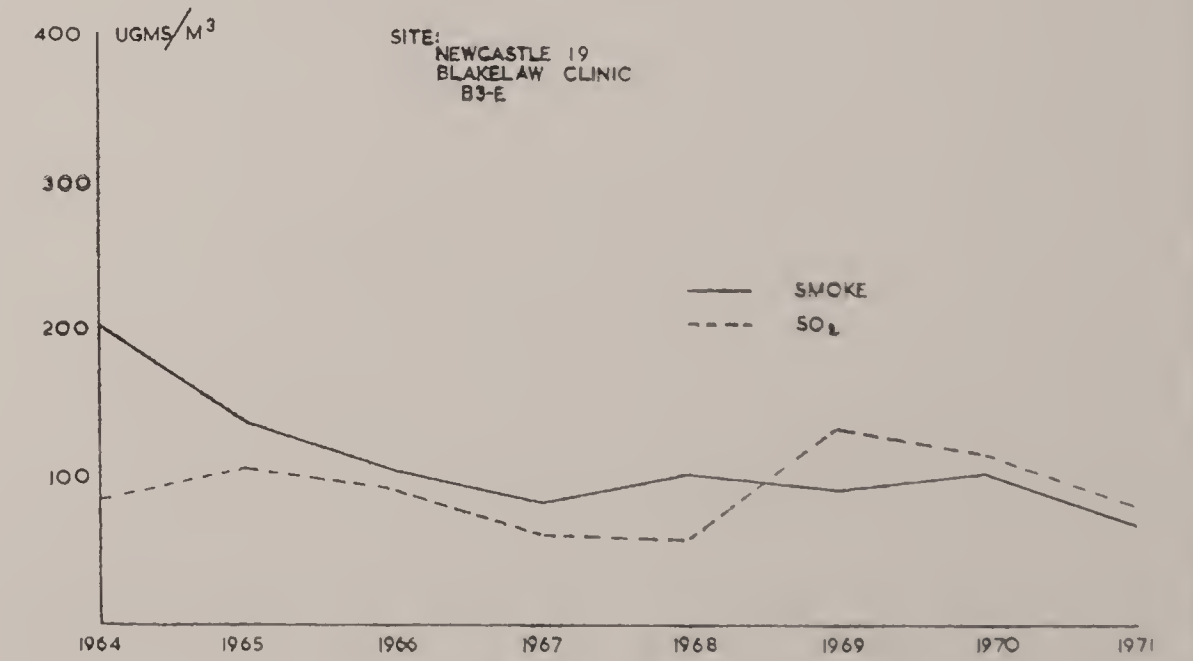
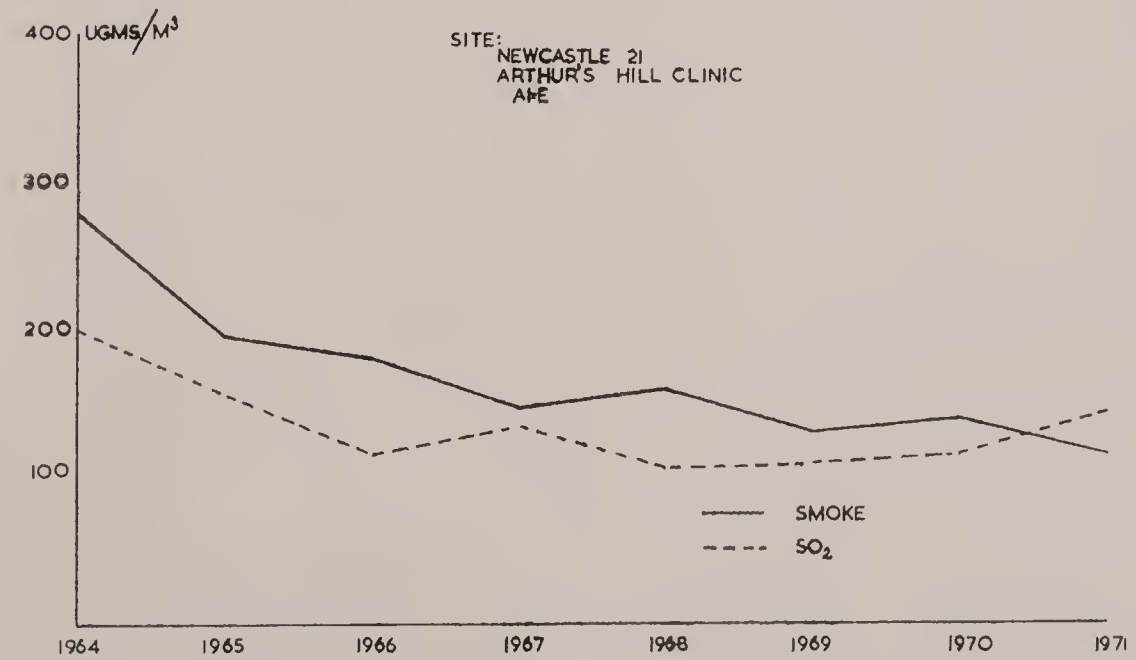
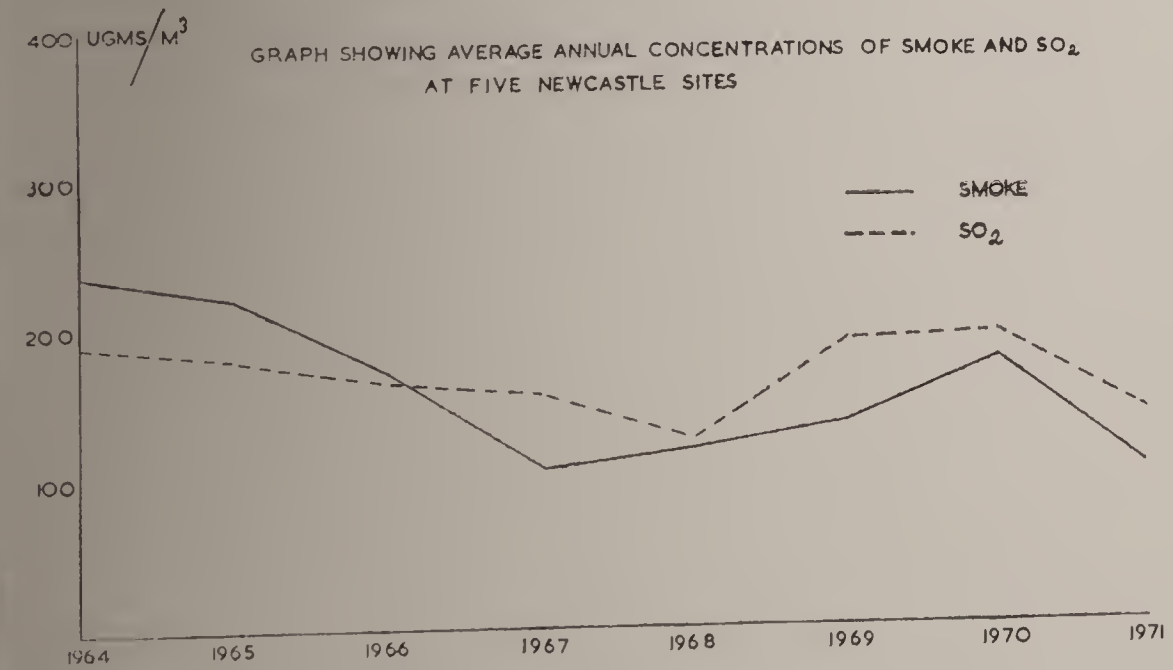
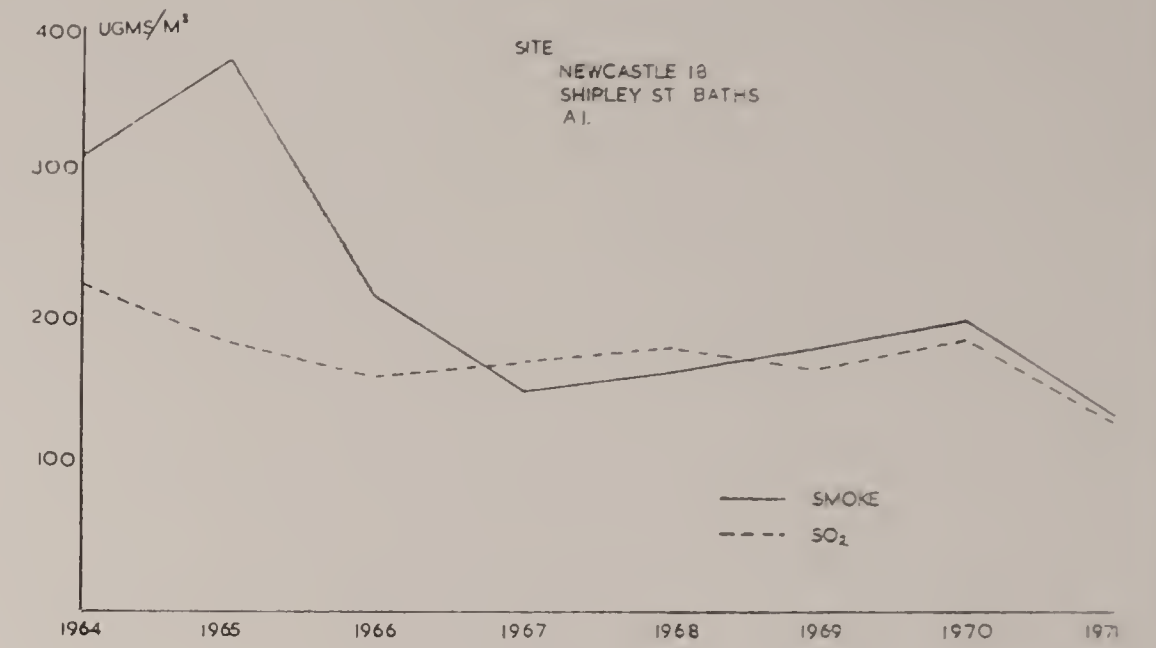
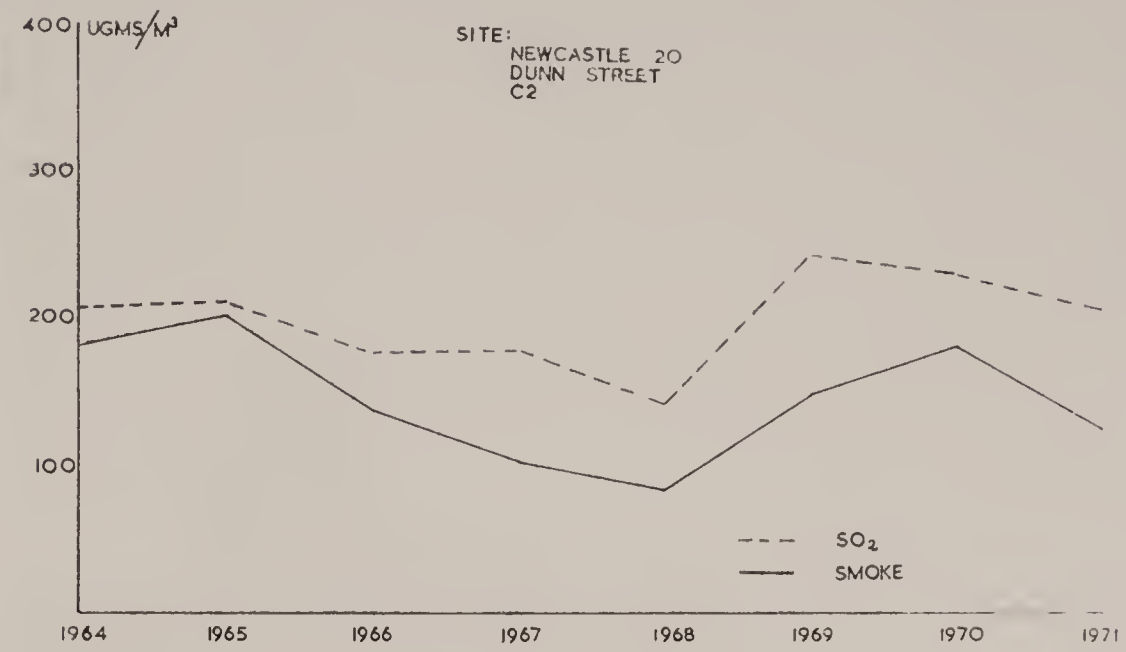
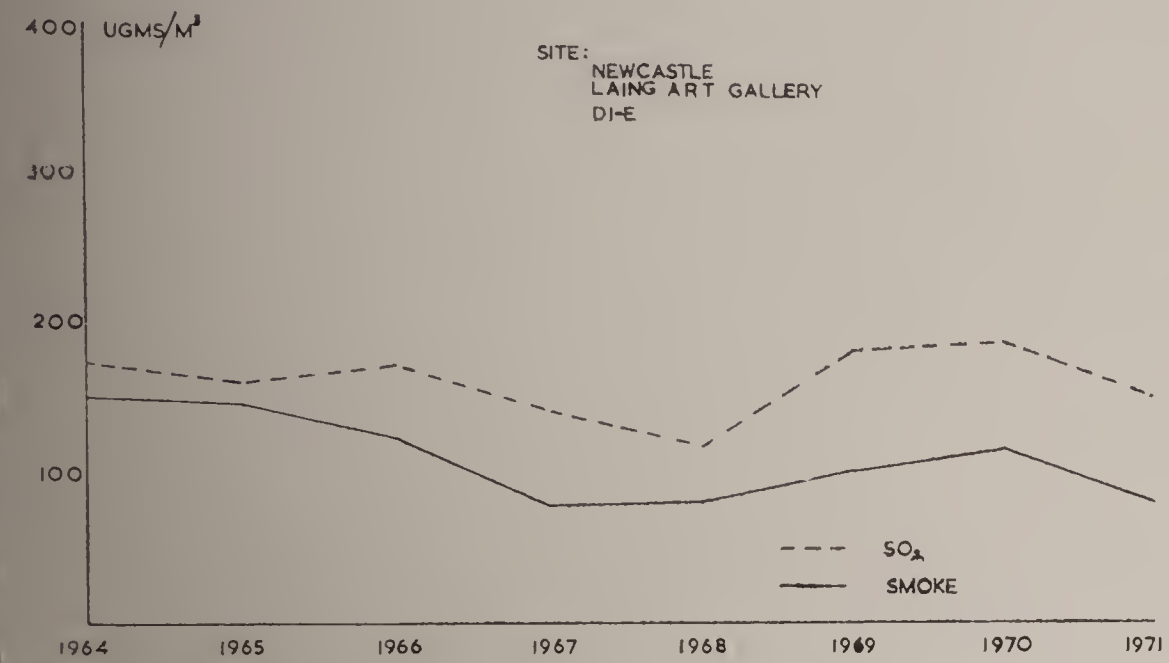
### The National Survey of Air Pollution

It will be seen from the following table that concentrations of smoke and SO<sub>2</sub> pollution were much lower during 1971 than in the previous year. It is probable that this welcome reduction was due not so much to the progress of the Smoke Control Programme, but rather to the resumption of the operation of Smoke Control Orders

Nos. 1-8 which were reimposed in May. This suggestion is confirmed by an examination of the smoke figures for the first half of the year as compared with the remaining six months. Nevertheless, the average smoke concentration for 1971 is calculated to be  $111.2 \mu\text{gs}/\text{m}^3$ , the lowest figure determined since records were kept, a happy situation which is in accord with the increase in sunshine in Newcastle when compared with Cockle Park. During 1971 the City enjoyed 1,426 hours of sunshine compared with 1,353 hours during the same period at the rural area of Cockle Park in Morpeth.

It may be of interest to mention that the Northern Region of this country, in which our City is situated, has for several years had the highest average smoke concentration in the country, which, in 1969/1970, was  $92 \mu\text{gs}/\text{m}^3$ . Whilst it is gratifying to reach a figure as low as  $111 \mu\text{gs}/\text{m}^3$  in Newcastle, it should not be forgotten that we are still above the average in the Northern Region which, itself, is the highest in the country. The average smoke concentration for Greater London is  $44 \mu\text{gs}/\text{m}^3$ , a target to which attention should be directed and which, in the course of time, will be achieved in Newcastle.







NATIONAL SURVEY

The following table shows the average smoke and SO<sub>2</sub> concentrations, given in microgrammes per cubic metre, for the seven sites during 1971.

Gauge Site	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Average During	
													1971	1970
<i>Blakelaw Clinic</i> SO <sub>2</sub> .. Smoke ..	160.5 137.2	120.0 104.5	93.4 81.5	89.1 83.1	67.7 47.4	41.5 34.6	48.7 28.0	35.3 29.0	60.4 60.9	86.4 75.6	68.6 48.8	89.6 93.9	80.1 68.7	114.4 90.17
<i>Arthur's Hill Clinic</i> SO <sub>2</sub> .. Smoke ..	213.4 272.5	216.3 192.0	160.3 150.6	160.0 126.4	110.6 60.2	91.9 45.4	100.2 34.4	84.5 48.3	117.4 83.2	164.5 125.4	152.5 117.3	158.6 132.6	144.1 115.6	118.31 138.38
<i>Dunn Street</i> SO <sub>2</sub> .. Smoke ..	308.9 304.3	355.7 207.9	272.9 149.6	188.8 108.9	160.3 64.7	135.9 56.4	132.4 53.9	94.2 53.9	160.4 92.3	155.0 122.0	296.9 171.0	235.2 150.2	208.0 127.7	231.82 176.3
<i>Laing Art Gallery</i> SO <sub>2</sub> .. Smoke ..	216.5 169.0	283.4 128.0	199.6 103.0	124.0 69.3	109.2 48.5	90.8 35.0	91.9 33.5	69.6 40.3	123.4 75.1	161.1 103.0	171.7 79.0	176.7 96.8	151.5 81.7	189.11 137.8
<i>Shipley St. Baths</i> SO <sub>2</sub> .. Smoke ..	239.5 310.6	288.3 220.6	158.3 150.0	126.4 143.3	97.6 88.6	83.2 66.5	86.4 43.5	80.3 49.7	119.9 103.4	125.0 164.5	105.8 113.2	101.6 166.6	134.3 135.0	193.55 200.1
<i>Heaton Baths</i> SO <sub>2</sub> .. Smoke ..	168.6 275.0	234.9 198.2	183.4 146.9	124.4 150.0	80.5 74.2	97.6 59.7	73.6 40.1	64.1 35.0	101.3 106.0	149.2 166.0	120.7 131.4	139.3 160.8	128.3 128.6	158.9 143.28
<i>Walkergate Clinic</i> SO <sub>2</sub> .. Smoke ..	152.4 275.3	203.9 250.7	215.4 215.0	98.5 116.2	81.3 83.2	80.6 94.2	75.5 46.1	60.8 52.5	89.7 107.8	119.7 146.0	134.5 146.6	186.5 114.0	125.7 121.1	132.69 124.21



### **Prior Approval**

During the year nine applications were received for the prior approval of chimney heights, seven being approved and two being refused. Once again these statistics bear no relation to the amount of work necessary in connection with these applications. Although there is a prescribed form for the applications setting out in detail the information required by the Authority, in almost every instance the form is not completed in such a way as to enable the applications to be dealt with speedily. Invariably consultations must take place between the department, consulting engineers and other interests involved and it is of some concern that applications are still being received which show a complete lack of knowledge of the Clean Air Act requirements. It will be appreciated that in many cases there must be consultation with the Planning Department as often objection to the erection of a particularly high chimney may be raised. However, in this connection it has been found possible throughout the year to make final decisions which were satisfactory to all concerned.

Under the provisions of Section 3 of the 1956 Act seven applications were received for prior approval of boiler installations and in all cases these were found to be entirely satisfactory and prior approval was granted.

### **Industrial Air Pollution**

During the year there were 75 half-hour and four eight-hour smoke observations taken of industrial chimneys and in only one instance was there a serious contravention. In this particular case, as a result of half-hour observations revealing marginal contraventions, it was decided that the Divisional Inspector should take an observation over an eight-hour period and this commenced at 10.55 a.m. with the chimney stack clear. By 3 p.m. on the same day there had been continuous emissions of dark smoke for  $5\frac{1}{2}$  minutes and an aggregate dark smoke emission totalling 27 minutes. In addition black smoke emitted during one half-hour period totalled  $2\frac{1}{2}$  minutes in the aggregate. The emissions were caused by the unsatisfactory operating procedure adopted for burning wood offcuts and sawdust within a boiler unit designed basically for burning coke. When the Committee considered these contraventions it was resolved that legal action be not taken but that efforts be

made to advise the company on the correct use of their installation. Subsequent to the date of this extended observation, the emissions have been kept within the limits set out in the Permitted Periods Regulations.

### **Smoke Control Programme**

During the year, one more smoke control area came into operation, the Smoke Control Order No. 13 becoming operative on the 1st October, having been confirmed by the Ministry eighteen months previously on the 19th March, 1970. This area, which covers 346 acres involves 4,075 premises of which 3,949 are dwellings and brings the total area under smoke control to 5,440 acres which represents some 48% of the total area of the City. However, the total number of premises under smoke control expressed as a percentage of the whole is considerably lower, being only 34%. The actual total number of premises in the thirteen smoke control areas now in operation is 33,202.

In addition to the area brought into operation during the year, a further area, No. 14, was also being dealt with. A survey of this area which involves 3,073 premises and which had been commenced in 1970 was completed in time for a report to be submitted to the Health Committee in March. An Order for this area was made in April by the Council and submitted for confirmation with a view to the Order becoming operative on 1st October, 1972. The Order was duly confirmed by the Minister on the 18th August and since this date 474 applications for the approval of proposed works of conversion to fireplaces and claims for grant have been received.

Areas vary in composition in the type of houses involved and the relative numbers of houses owned privately and by the Council. In this Area the number of privately owned houses far exceeds the number owned by the Council and as in the latter case conversion work is carried out by the direct labour force of the Housing Department, a much greater amount of work is involved for the Smoke Control Section than when the position is the other way round. Of the Council owned houses only 289 out of the total of 680 require works of conversion to fireplaces, the work in the other cases having been carried out under council house modernisation schemes a few years previously. In the case of private houses it is



estimated that in some 1,300 houses conversion to fireplaces will be needed.

During the latter part of the year a survey of the next area in sequence in the smoke control programme was being carried out. This area, the No. 15 is situated in the extreme West of the City to the south of the Smoke Control Area No. 14. It is planned to present a report on this area to the Health Committee in the Spring of 1972. This area involves over 3,500 dwellings but of these approximately two thirds are council owned houses included in the modernisation programme. As the costs of fireplace conversions in these houses are to be borne under the improvement grants provisions, it is anticipated that the cost to the Health Committee of paying Clean Air Act grants for this area will be much lower than would otherwise have been the case.

From the 2nd May, 1970, the Clean Air (Suspension of Smoke Control—City and County of Newcastle upon Tyne) Order 1970 had been in operation. This Order which was valid until the 30th April, 1971, had the effect of permitting coal to be burned in the Smoke Control Areas Nos. 1–8 and also allowing the sale of coal in these areas without contravention of the Clean Air Acts 1956 and 1968. The need for making this Order had arisen because of the cessation of the manufacture of “Gloco” and because sufficient supplies of other open fire smokeless fuels were not available. It had been anticipated that a plentiful supply of open fire smokeless fuels other than “Gloco” would become available after the winter of 1970/1971, and in fact, assurances were given in the early part of the year to this effect by the National Coal Board and the Solid Smokeless Fuels Federation. In consequence of these assurances the Health Committee decided that it would not be necessary to renew the Suspension Order and smoke control was, therefore, reintroduced in the Nos. 1–8 areas from the 1st May.

In response to a request from the Coal Utilisation Council the Health Committee agreed to the operation of an “Assignment Scheme” whereby grants for fireplace conversions could be paid direct to the installers when application for the grant to be so paid was made by the applicant. An assignment procedure was worked out and agreed with the other departments concerned and application forms were made available to the solid fuel, gas and electricity installers. The scheme was put into operation to coincide with the



confirmation in August of the No. 14 Area. In the four months up to the end of the year very little use was made of the scheme.

On the 19th May Circular 32/71 was introduced by the Department of the Environment which has the effect of increasing the cost limits which had been laid down for the purposes of grant under the Clean Air Acts. The new limits supersede those set out in the previous Circular on the subject issued in 1966, and have been applied to the grants payable in connection with the No. 14 Area. These new appliance cost limits, together with increased installation costs agreed with installers in 1970, will obviously increase the amount to be paid in grants and increase the overall cost of bringing new smoke control areas into operation. These costs, however, are probably no more than those reflected in other spheres by the increases in the cost of living generally.

Towards the end of the year studies were made concerning the financial and other implications of a big acceleration in the rate of making smoke control orders. It was considered feasible that by making on average three Orders each year for five years the programme could be completed in 1977/78. However, by the end of the year, no agreement has been reached to enable any acceleration in the rate of progress to take place.

No new developments in domestic heating which would be likely to have much influence on domestic smoke control occurred during the year. The Department of the Environment issued four "Authorised Fuels" regulations relating to briquetted fuels manufactured from smokeless fuel dust, mainly anthracite, but which are not to be made available for distribution in the North East. Also issued during the year was an "Exempted Fireplaces" order. This related to a continuous burning room heater with a back boiler providing domestic hot water and heat for a domestic sized central heating system. The appliance is designed to burn coal and properly used is substantially smokeless. Some appliances of this type have been in use on a small scale in other parts of the country but none have been installed so far in smoke control areas in Newcastle.

### Statistical Table

#### (a) *Areas Reported to Health Committee*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 14	346	2,949	3,073	22.4.1971	18.8.1971

(b) *Orders Made and Confirmed*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 14	346	2,949	3,073	22.4.1971	18.8.1971

(c) *Position at 31st December, 1971*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Operative Date</i>
Area No. 1	118	156	1,492	1.4.1959
Area No. 2	161	1,463	3,039	1.12.1960
Area No. 3	119	774	1,232	1.1.1962
Area No. 4	124	974	1,797	1.8.1962
Area No. 5	170	1,292	2,376	1.12.1962
Area No. 6	334	708	998	1.7.1963
Area No. 7	800	999	1,624	1.7.1963
Area No. 8	1,403	3,261	3,368	1.12.1963
Area No. 9	160	978	1,024	1.7.1965
Area No. 10	672	4,366	4,467	1.10.1966
Area No. 11	496	3,355	3,503	1.10.1967
Area No. 12	537	4,031	4,207	1.10.1969
Area No. 13	346	3,947	4,075	1.10.1971
Area No. 14	346	2,949	3,073	1.10.1972
Totals	5,786	29,253	36,275	

(d) *Formal Action During 1971*

No. of Approvals of Proposed Works dealt with	..	..	529
No. of Claims for 70% grant approved .. ..	..	..	309
No. of Claims for 100% grant approved .. ..	..	..	10
No. of Section 12 Notices served .. ..	..	..	—
No. of Section 12 Notices complied with .. ..	..	..	—
No. of Section 12 Notices work still outstanding	..	..	—
Works carried out in default .. ..	..	..	—

## OFFICES, SHOPS AND RAILWAYS PREMISES ACT, 1963

When the above Act was brought into operation some eight years ago, it was generally regarded as the greatest advance ever made in the betterment of working conditions in offices and shops and, indeed, this piece of protective legislation can be regarded as the first positive control of the office and shop worker's environment. That it was found necessary in 1971 to appoint a special Committee of Inquiry to review the provision made for the safety and health of persons during the course of their employment, including those employed in offices and shops, implies that the



O.S.R. Act itself, or the enforcement thereof, has been in some way inadequate. Over content and construction of this protective legislation a local authority has no direct control, but in regard to the quality of enforcement it has full responsibility. It is submitted that the requirements prescribed in the Act and associated regulations and circulars are, with a number of minor exceptions, reasonably appropriate and satisfactory to fulfil the needs of a worker's environment in 1971 and, compare not unfavourably with the general advance in other fields such as leisure, education and the material progress associated with increasing affluence. Any protective legislation is only as effective as its enforcement and the enthusiasm and persistence of the enforcement agency.

Although a policy of steady routine inspection and enforcement was pursued during 1971, there are signs that the increasing pressure of work in other fields has, perhaps, adversely affected the high standard of enforcement in offices and shops which has been achieved during the first six years of the operation of the Act. In common with other problems in the Public Health Inspection Services, the source of many difficulties is staffing deficiencies and whilst, to a large extent, the situation has been ameliorated by appointing Technical Assistants to carry out the routine inspections, the overall guidance, experience and knowledge of the District Public Health Inspector has not been as freely and readily available as in the past. Nevertheless, whilst the level of inspection is below that of previous years, a very considerable amount of work has in fact been carried out and the general level of compliance was satisfactory.

### **Registrations and Inspections**

Although there were 379 new registrations during the year, the overall total of premises registered fell marginally to 4,652, of which premises 2,039 received a general inspection, a reduction of some 40% less than in the previous year. It has always been the aim (although it has not yet been achieved) to cause a general inspection to be made of every office and shop in the City at least once in every year, after which, special attention would be directed to those premises known to be regular offenders or in which difficulty has been experienced in gaining compliance and it is to be hoped that the 1972 staffing situation will enable this quite realisable target to be achieved.



## **The General Provisions of the Act**

As will be seen in the statistical statements contained in this report, the total number of contraventions in 1971 was 1,675 compared with 1,012 in the previous year. This disparity does not indicate a serious deterioration in conditions in offices and shops as the vast majority of the initial contraventions were of an extremely minor nature and related in many cases to more or less technical infringements such as the provision of thermometers and the display of abstracts of the Act, matters which were readily remedied on notification.

Although during 1971 not a single contravention relating to overcrowding was detected, experience does in fact suggest that the standard of 40 sq. ft. per employee provided in Section 5 of the Act is far from adequate in many circumstances, particularly where a relatively large amount of office or shop furniture and equipment is also contained within the room. Whilst it is appreciated that action can be taken where there is risk of injury to the health of the worker regardless of the working space available, it is much easier and more expedient to measure the floor area than it is to determine risk of injury. Whilst it may not be difficult to demonstrate considerable physical inconvenience, it is with hesitation that one would define and demonstrate risk of injury to health from overcrowding.

The comments which were made in this report last year relating to the statutory minimum temperature of 60·8°F. being too low for comfortable working were substantiated on a number of occasions during 1971 when, on investigation, it was found that the temperature complained of was in fact above the statutory minimum. In connection with the heating of shops in particular, there is still some uncertainty when dealing with a situation where it is claimed that maintenance of a reasonable temperature would cause deterioration of goods. Whilst this submission is readily acceptable in relation to the florist, fishmonger, butcher and purveyors of similar rapidly perishable commodities, some difficulty is encountered if the same argument is advanced in relation to fruit, packeted foodstuffs, etc. and it is suggested that, in due course, the Minister may be impelled to make regulations prescribing standards of reasonable temperature for certain classes of premises, as indicated in Section 6 (5) of the Act.

## Accidents

The total number of accidents notified during 1971 was 146, the lowest number since the Act came into operation. This fall in the number of accidents is greatly welcomed and is particularly gratifying when, in 1970, the highest number of notifications had been received. Of the accidents notified 103 were investigated in great detail to determine the cause of the accident and indicate preventative measures.

An encouraging feature is the very substantial reduction in the number of accidents due to machinery – there were only three in 1971 compared with ten in the previous year. During the year the leaflet “The Safe Use of Food Slicing Machines” (SHW 14) was distributed to a limited number of premises in which food slicing machines were in operation but how far the accident reduction can be attributed to the effect of the leaflet is purely conjectural. Nevertheless, the leaflet was well received by shop proprietors and it is not unreasonable to assume that the awareness of the dangers of unguarded slicing machines was increased. Experience gained during the inspection of shops where slicing machines are used indicates some confusion in the minds of employers in regard to the age of the person allowed to use such a machine and the training which has to be given in cleaning such machines. Although the manager will insist on each occasion that instruction has been given, very few employees will agree with this statement except when they are in the presence of the manager and it would be of advantage if some method were devised to ensure that young persons did in fact receive the necessary training.

During 1971, more particularly than in previous years, some difficulty was found in dealing with warehouses used by builders’ merchants. In almost every instance the condition of the floors was unsatisfactory because of the rough treatment they received from the handling of stock and the passage of vehicles and, in respect of maintaining cleanliness, the nature of the business rendered this very difficult.

An unusual case of legal proceedings was instituted during the year in respect of contraventions of Sections 17 and 48 relating to an unfenced dangerous machine and failure to notify an accident. Information was received in the department in 1970 which ultimately revealed that an accident had occurred in November 1968 in a large



food store in the City. The accident resulted in serious injury to a female employee when her ankle became trapped between a conveyor belt and the start of a gravity roll arrangement. It may have been argued that this particular employee was acting irresponsibly when she stepped on to a conveyor belt with the intention of riding to a higher level but, nevertheless, because there was no jump out roller and only a fixed iron bar, that part of this machine was in a very dangerous condition. At the magistrates' court the offending company pleaded guilty and were fined £25 in respect of the offence involving the accident, and £20 in respect of their failure to notify this authority as required by Section 48. It is felt in the department that the notification of accidents is just as important from the department's point of view as the subsequent investigation to determine their cause and it is policy to enforce rigidly the notification provisions.

One particularly serious accident which could quite easily have been avoided, occurred at the end of 1970 and resulted in legal proceedings being instituted at the beginning of the following year. It occurred in a large departmental store in the City centre when a 16 year old female employee was instructed to place Christmas stock, comprising certain items of confectionery, in a floored off roof space over a bacon preparation room in the warehouse. Access to this roof space was afforded by a pair of wooden steps and in the wooden floor of the room formed by the roof space four openings had been left, each about 4 ft. square, the openings being covered by a relatively thin sheet of corrugated perspex for the purpose of providing borrowed light to the storage room. At the time of the accident each of these perspex panels was covered in a layer of dust which resulted in making them very difficult to see and giving the illusion of solidity. The 16 year old girl stood on one of the perspex sheets, which was unable to withstand her weight and she fell into the room below on to a bacon slicing machine sustaining a fractured skull among other injuries.

This was a blatant and quite avoidable contravention of Section 16 of the Act which requires that all openings in floors shall be securely fenced but, happily, the injured girl made a remarkably good recovery.

One particular matter which caused outspoken comment during the year was the circumstances existing at certain stalls and other



premises on the Town Moor in connection with the Temperance Festival. All electrical requirements are generated on the site and during the course of an inspection, one of the fairground employees was observed manipulating, connecting and altering uncovered electric wires for the purpose of distributing power to various required points. He appeared to be dealing with a confusing maze of wires of all colours and dimensions, all live, and although he still survived at the end of every working day, there is no doubt that there was a grave risk of injury to himself and possibly others. The diesel driven generators also showed that there were a number of unguarded drive shafts, fans, drive belts, exhaust pipes and live electrical terminals all presenting hazards of one kind or other, not only to employees, but also to passers by, and it is singularly unfortunate that such obviously hazardous conditions cannot be controlled by any existing protective legislation. If in fact the Robens Committee are to review the provisions made for the health and safety of persons during the course of their work, this appears to be one particular field of inquiry which would benefit from consideration.

### Prosecutions

Although in the vast majority of cases contraventions were remedied immediately as a result of verbal notice, it was found necessary on seven occasions to institute legal proceedings in respect of nine of the offences. Details of these contraventions are listed below.

Section 4	Cleanliness	3 Informations laid— 1 Proved 2 Dismissed	Fine £10
Section 16	Floors, passages and stairs	2 Informations laid— 2 Proved	Fine £115
Section 17	Fencing exposed parts of machinery	1 Information laid 1 Proved	Fine £25
Section 24	First Aid Provisions	1 Information laid— 1 Proved	Fine £15
Section 48	Failure to notify accident	1 Information laid— 1 Proved	Fine £20
Section 50	Information for Employees Regulations 1965	1 Information laid— 1 Proved	Fine £15

### Ministerial Publications

During the year the following circulars were issued by the Department of Employment and Productivity.

## Circulars

L.A. Circ. 2 (Rev.)	Offices, Shops and Railway Premises Act 1963. Registration of Premises.
L.A. Circ. 6 (Supp. 8)	Premises occupied by National Carriers Ltd. and Freightliners Ltd.
L.A. Circ. 25	Amendment arising out of Administration of Justices Act 1964.
L.A. Circ. 26	Safety of coin operated dry cleaning installa- tions.
L.A. Circ. 27	Safety in stacking materials.
L.A. Circ. 28	A general guide.
L.A. Circ. 29	Amendment arising from Criminal Damage Act 1971.
L.A. Circ. 30	Safety in Public Houses.

## Statistical Summary

### (a) Registrations and General Inspections.

Class of Premises	Number of premises registered during the year	Total registered premises at end of year	Number of registered premises receiving a general inspection during the the year
Offices .. ..	172	1,840	830
Retail Shops .. ..	135	2,007	818
Wholesale shops, warehouses .. ..	43	433	206
Catering establishments open to the public, canteens .. ..	27	367	174
Fuel storage depots ..	2	5	1
Totals .. ..	379	4,652	2,029

(b) *Number of visits of all kinds by Inspectors to Registered Premises* 5,449

(c) *Analysis of persons employed in registered premises by workplace.*

Class of workplace	Number of persons employed
Offices .. .. .	27,231
Retail Shops .. .. .	18,037
Wholesale, departments, warehouses .. .. .	5,757
Catering establishments open to the public .. .. .	4,140
Canteens .. .. .	365
Fuel storage depots .. .. .	36
Total .. .. .	55,566
Total Males .. .. .	25,563
Total Females .. .. .	30,003

(d) *Exemptions*

Class of premises	No. of current exemptions at end of year	During the year				
		No. of exemptions			No. of applications	
		newly granted	Ex-tended	expired or w'drawn	refused	opposed by employees
SPACE .. .. .	—	—	—	—	—	—
TEMPERATURE .. .. .	—	—	—	—	—	—
SANITARY CONVENIENCES						
Offices .. .. .	—	—	—	—	—	—
Retail Shops .. .. .	4	2	—	2	—	—
Wholesale shops, warehouses .. .. .	—	—	—	—	—	—
Catering establishments open to public, canteens .. .. .	—	—	—	—	—	—
Fuel storage depots .. .. .	—	—	—	—	—	—
WASHING FACILITIES .. .. .						
Offices .. .. .	—	—	—	—	—	—
Retail Shops .. .. .	1	—	—	2	—	—
Wholesale shops, warehouses .. .. .	—	—	—	—	—	—
Catering establishments open to public, canteens .. .. .	—	—	—	—	—	—
Fuel storage depots .. .. .	1	—	—	—	—	—



*(e) Prosecutions*

Prosecutions instituted of which the hearing was completed in the year		
Section of Act or title of Regulations or Order (1)	No. of Informations Laid (2)	No. of Informations leading to a conviction (3)
Section 4	3	1
Section 16	2	2
Section 17	1	1
Section 24	1	1
Section 48	1	1
Section 50	1	1
Totals	9	7

No of persons or companies prosecuted .. .. . 4

No. of complaints (or summary applications) made under Section 22 .. —

No. of interim orders granted .. .. . —

*(f) Staff*

No. of inspectors appointed under Section 52(1) or (5) of  
the Act .. .. . 25

No. of other staff employed for most of their time on  
work in connection with the Act .. .. . 1 Clerk (part-time)

(g) *Analysis of Contraventions*

Section	Number of Contraventions found		Section	Number of Contraventions found	
4	Cleanliness	304	14	Seats (Sedentary Workers)	—
5	Overcrowding	—	15	Eating Facilities	—
6	Temperature	150	16	Floors, passage and stairs	280
7	Ventilation	7	17	Fencing exposed parts machinery	61
8	Lighting	10	18	Protection of young persons from dangerous machinery	—
9	Sanitary Conveniences	306	19	Training of young persons working at dangerous machinery	—
10	Washing facilities	49	23	Prohibition of heavy work	—
11	Supply of Drinking water	—	24	First Aid—General provisions	222
12	Clothing Accommodation	5	49	Failure to Register with Local Authority	60
13	Sitting Facilities	5	50	Abstract of Act not displayed	216
				Total	1,675

(h) *Notified accidents—O.S.R. 2—146 received; 103 investigations made.*

Year	1966	1967	1968	1969	1970	1971
Machinery ..	7	7	3	2	10	3
Others .. ..	155	185	165	156	160	143
Totals ..	162	192	168	158	170	146

*(i) Analysis of Reported Accidents*

Year	1966	1967	1968	1969	1970	1971
Machinery ..	7	7	3	2	10	3
Transport ..	2	3	1	—	4	2
Falls of Persons	67	69	58	58	74	60
Stepping on or striking against object or person	14	24	21	15	21	9
Handling Goods	27	35	43	53	35	26
Struck by falling object ..	25	16	13	9	13	18
Fires and explosions ..	—	4	1	1	—	—
Electricity ..	—	9	1	—	—	—
Use of hand tools .. ..	9	—	4	4	7	5
Otherwise specified ..	11	19	23	16	6	23

**FACTORIES ACT, 1961**

During the year there was a reduction in the number of visits made to all premises coming under the control of the Factories Act and this was caused mainly by additional duties being imposed upon the staff carrying out this work. Nevertheless, the number of visits made can be regarded as reasonably satisfactory and although a considerable number of contraventions was discovered, in the main, they were of a relatively minor nature and it is seldom necessary to take legal proceedings to secure compliance.

Number of inspections .. .. . 1,936



PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF  
THE FACTORIES ACT, 1961

PART 1 OF THE ACT

1.—INSPECTIONS FOR THE PURPOSES OF PROVISIONS AS TO HEALTH (INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS).

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by Local Authorities	98	75	107	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. ..	909	1,827	19	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises) ..	82	25	10	—
Total .. ..	1,089	1,927	136	—

2.—CASES IN WHICH DEFECTS WERE FOUND. (IF DEFECTS ARE DISCOVERED AT THE PREMISES ON TWO, THREE OR MORE SEPARATE OCCASIONS THEY SHOULD BE RECKONED AS TWO, THREE OR MORE "CASES").

Particulars  (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. In-spector (4)	By H.M. In-spector (5)	
Want of Cleanliness (S1)	96	74	—	—	—
Overcrowding (S2) ..	—	—	—	—	—
Unreasonable Temperature (S3) ..	—	1	—	—	—
Inadequate ventilation (S4) .. ..	28	19	—	—	—
Ineffective drainage of floors (S6) .. ..	—	—	—	—	—
Sanitary Conveniences (S7) .. ..	—	—	—	—	—
(a) Insufficient ..	14	12	2	—	—
(b) Unsuitable or defective .. ..	79	69	1	—	—
(c) Not separate for sexes .. ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) .. ..	24	9	4	—	—
Total .. ..	231	184	7	—	—

## Outworkers

There was a considerable increase in the number of outworkers notified to the department under the provisions of the Factories Act, 1961. During the year this totalled 44 as compared with 21 during 1970, the increase being due to many more persons being engaged in the making and filling of Christmas crackers, stockings, etc.

### PART VIII OF THE ACT

#### OUTWORK

(Sections 133 and 134)

Nature of work  (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices Served (6)	Prosecutions (7)
Wearing apparel: Making, etc. ..	14	—	—	—	—	—
Making, filling Christmas crackers, stockings or similar articles ..	30	—	—	—	—	—
Total ..	44	—	—	—	—	—

## FOOD AND DRUGS ACT 1955

### Meat Inspection

A total of 109,152 animals were slaughtered in the City during 1971. This represents a welcome increase in the throughput at the abattoir of 6,408 animals when compared with 1970 which was the first year to show an increase after many years of decline. This decline was due mainly to the reduction in the sheep stocks of the country and more recently to the closing of a local bacon factory

which could not be brought up to the standard required in the City after the appointed day when the abattoir was opened in 1968.

The income from meat inspection charges to the trade rose from £5,915 in 1970 to £6,726 in 1971 and the total inspection units were increased from 473,258 to 479,311. An inspection unit is the basis for statistical calculations, and for this purpose a beast is equivalent to ten inspection units, a pig or calf three units and a sheep two units.

Total throughput during 1971 was as follows:—

Cattle	Calves	Sheep	Pigs	Total Slaughtered	Total Inspected	Total Units Inspected
29,317	218	53,364	26,253	109,152	109,152	479,311

The Meat Inspection Regulations 1963 require that all animals, the flesh of which is intended for human consumption, shall be inspected at the time of slaughter and this 100% inspection made it necessary for the staff to work 1,165 hours of overtime. This overtime work was carried out mainly on Saturday mornings when the abattoir inspection staff was assisted by the district public health inspectors. Normal working hours were unaltered during the year and the Abattoir was closed on Sundays and Bank Holidays with only half day opening on Tuesdays and Saturdays.

Specimens, both diseased and healthy, of meat and organs were supplied for research and educational purposes to many establishments during the year, including the Royal Victoria Infirmary, Newcastle General Hospital, Newcastle Education Authority, the Ministry of Agriculture, Fisheries and Food, the Veterinary Investigation Centre, the Physiology and Biology Departments and the Department of Agriculture at Newcastle University. Every assistance was given to Veterinary and Medical research workers who spend many hours at the abattoir on projects which could only be carried out using specimens from freshly killed animals.

The staff of the Health Department gave numerous lectures and demonstrations in the lecture hall at the abattoir during the year. Visitors to these meetings included student public health inspectors and meat inspectors, medical and agricultural students, Education



Department staff, hospital, hotel and catering workers, public health workers from various places in the United Kingdom and foreign visitors from the U.S.A., Holland, Africa and Abyssinia.

TABLE I  
WHOLE CARCASSES CONDEMNED BECAUSE OF DISEASE OR  
OTHER ABNORMAL CONDITIONS

Disease	Cattle	Sheep	Pigs	Calves	Total
Anaemia .. ..	—	3	1	—	4
Arthritis and Emaciation ..	—	1	—	—	1
Gangrenous Pneumonia ..	—	1	—	—	1
Immaturity .. ..	—	—	—	1	1
Multiple Abscesses ..	—	1	5	—	6
Oedema .. ..	1	1	—	—	2
Oedema and Emaciation ..	6	41	5	1	53
Pyrexia .. ..	—	—	6	2	8
Pyæmia .. ..	8	2	14	3	27
Pneumonia and Oedema ..	1	—	—	—	1
Septic Arthritis .. ..	—	4	4	—	8
Septic Mastitis .. ..	—	1	—	—	1
Septic Pleurisy .. ..	—	2	1	—	3
Septic Peritonitis .. ..	1	1	1	—	3
Septic Pneumonia .. ..	1	1	3	—	5
Septicaemia .. ..	9	9	10	—	28
Toxaemia .. ..	2	—	—	—	2
Traumatism .. ..	1	1	2	—	4
Traumatism and Oedema ..	1	—	—	—	1
Traumatism and Pyrexia ..	2	—	—	—	2
Traumatic Gangrene .. ..	—	1	5	—	6
Tuberculosis .. ..	—	—	—	—	—

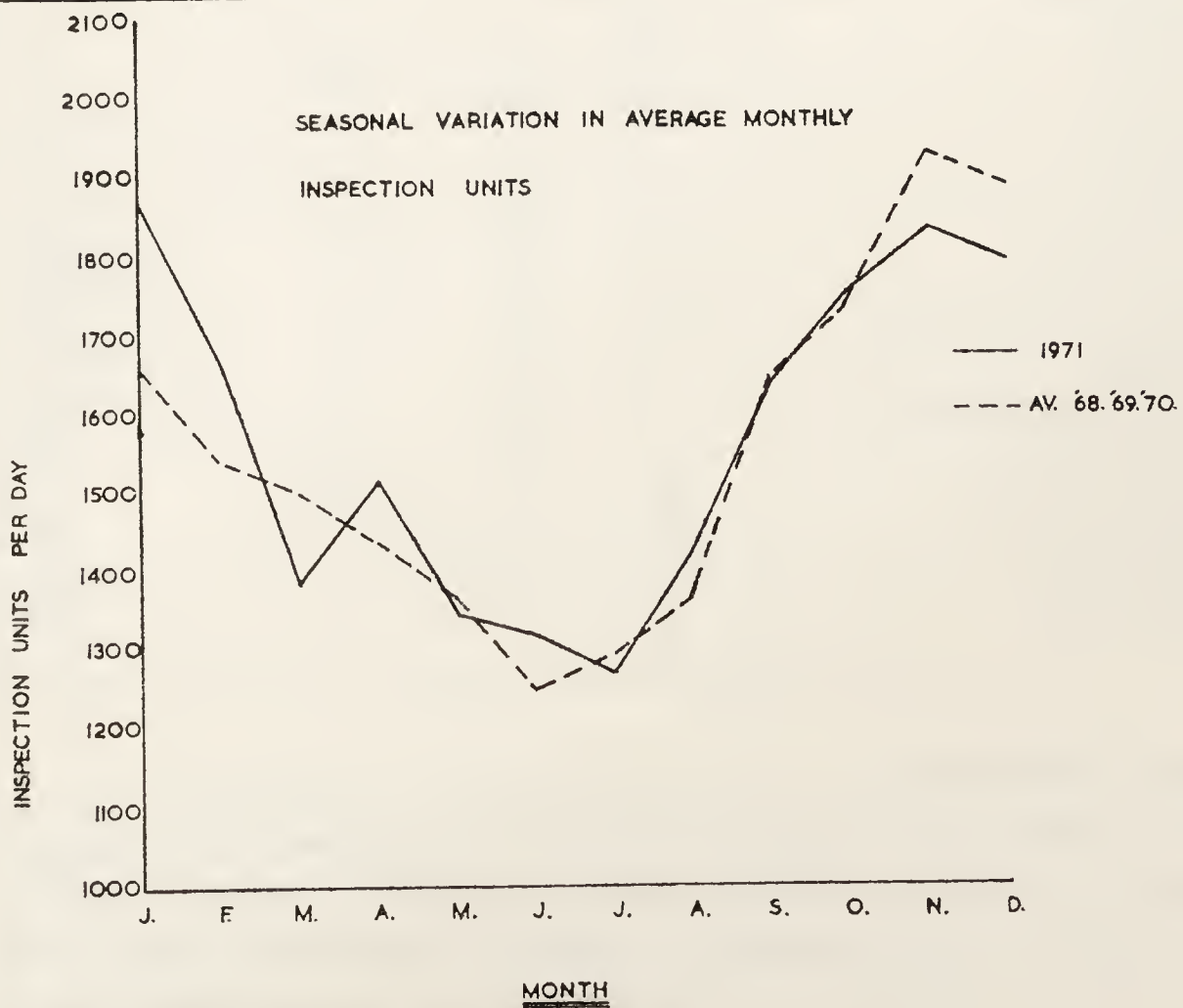
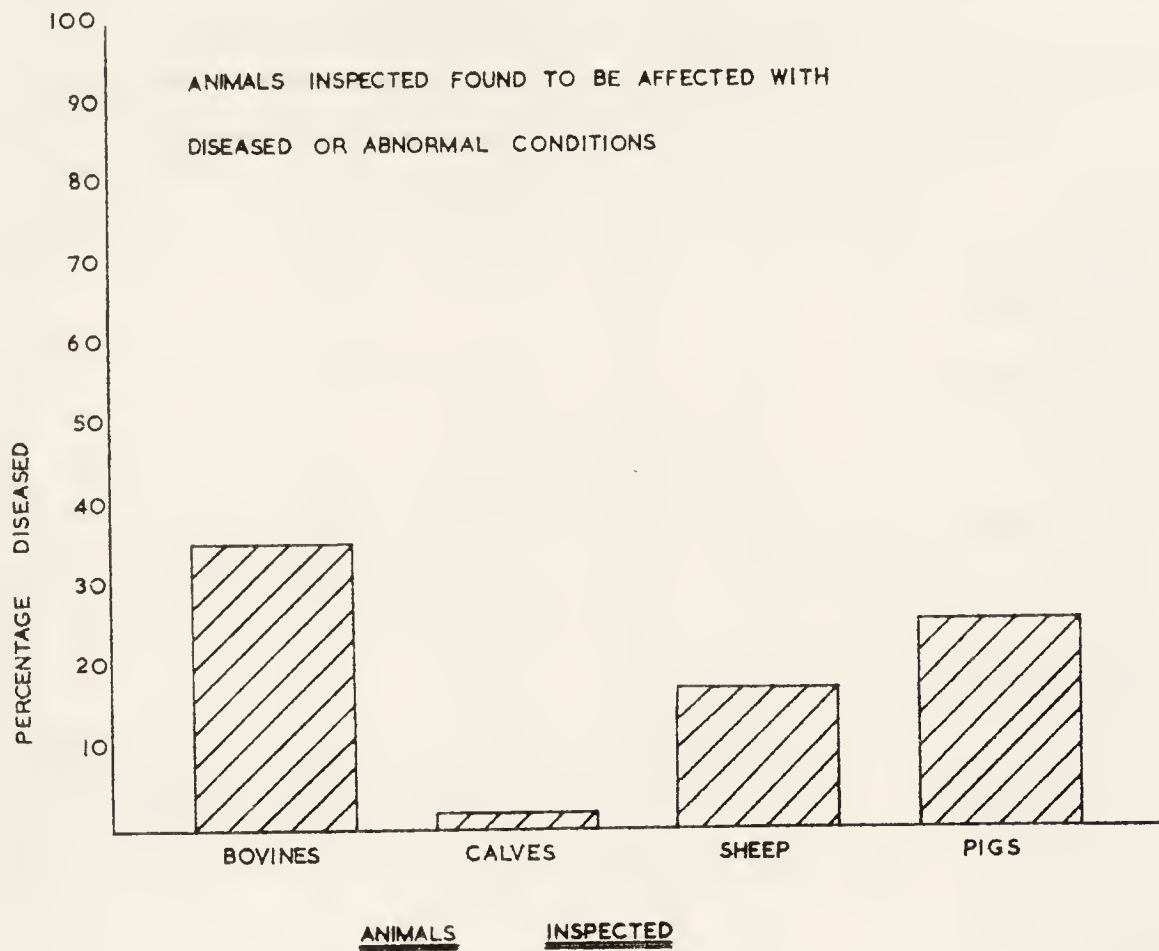


TABLE II

PART CARCASSES CONDEMNED BECAUSE OF DISEASE OR  
OTHER ABNORMAL CONDITIONS

Disease	Cattle	Sheep	Pigs	Calves	Total
Abscesses .. ..	1,476	109	217	—	1,802
Arthritis .. ..	3	163	250	—	416
Actinobacillosis .. ..	79	—	1	—	90
Actinomycosis .. ..	1	—	12	—	23
Ascariasis .. ..	—	—	1,760	—	1,760
Blood Splashing .. ..	1	12	—	—	13
Brucellosis .. ..	13	—	—	—	13
Congestion .. ..	56	12	19	—	87
Cirrhosis .. ..	91	55	103	—	249
Contamination .. ..	17	56	48	—	121
Cyst Bovis .. ..	131	—	—	—	131
Cyst Ovis .. ..	—	170	—	—	170
Enteritis .. ..	24	10	54	—	88
Echinococcosis .. ..	23	28	8	—	59
Emphysema .. ..	74	1	—	—	75
Fascioliasis .. ..	6,033	5,211	—	—	11,244
Hydronephrosis .. ..	36	—	28	—	64
Hypernephroma .. ..	14	—	—	—	14
Hypostasis .. ..	—	—	125	—	125
Johnes Disease .. ..	13	—	—	—	13
Lymphosarcoma .. ..	—	—	2	—	2
Mastitis .. ..	274	1	80	—	355
Metaplasia .. ..	—	—	6	—	6
Melanosis .. ..	18	4	—	—	22
Metritis .. ..	26	—	1	—	27
Nephritis .. ..	89	28	62	2	181
Necrosis .. ..	41	11	9	—	61
Neoplasms .. ..	3	4	—	—	7
Pleurisy .. ..	733	866	751	3	2,353
Pericarditis .. ..	74	102	320	—	496
Pneumonia .. ..	95	392	1,853	1	2,341
Peritonitis .. ..	246	100	145	—	491
Pleurisy and Peritonitis .. ..	49	139	631	—	819
Parasitic .. ..	20	1,436	28	—	1,484
Parasitic and Pneumonia .. ..	—	126	24	—	150
Pentastomes .. ..	—	199	—	—	199
Retention Cysts .. ..	42	6	28	—	76
Traumatism .. ..	89	25	190	—	304
Telangiectasis .. ..	511	3	—	—	514
Tenuicollis .. ..	—	121	—	—	121
Tuberculosis .. ..	51	—	52	1	104

### Bovine Tuberculosis

The number of animals found to be affected with localised tuberculosis was 51 and this number included 41 cattle sent in by the Ministry of Agriculture for slaughter under the Tuberculosis Order 1964 as reactors to the tuberculin test or as contacts. In all



cases the disease was not advanced and no bovine animal was totally condemned. All post-mortem evidence of tuberculosis found during routine meat inspection, when the origin of the animal can be positively identified, are reported to the Ministry of Agriculture in an effort to forestall any local outbreaks which may occur on the farm.

Details of animals slaughtered are as follows:—

TABLE III

Animals Slaughtered	Post-Mortem Evidence		
	Advanced	Localised	No. visible evidence
Diseases of Animals Act 1950 Tuberculosis Order 1964 ..	—	35	35

TUBERCULOSIS REACTORS ORDER 1950

Disease	Cows	Heifers	Steers	Calves
Localised .. ..	26	7	1	1
Generalised .. ..	—	—	—	—
No Visible Evidence ..	15	7	4	9
Total ..	41	14	5	10

**Avian Tuberculosis** The reduction in the number of pigs affected with avian tuberculosis of the submaxillary lymphatics was continued in 1971, and amounted to only 52 cases. These made it necessary to reject the heads of the carcasses only and did not require any whole carcass to be condemned for this disease.

TABLE IV

THE TOTAL CONDEMNATION OF CARCASSES OF ANIMALS BECAUSE OF TUBERCULOSIS SLAUGHTERED IN THE CITY BETWEEN THE YEARS 1965-1971

Year	Cattle	Calves	Sheep	Pigs	Total Animals
1971 .. ..	—	—	—	—	—
1970 .. ..	1	—	—	—	1
1969 .. ..	4	—	—	—	4
1968 .. ..	2	—	—	—	2
1967 .. ..	—	—	—	—	—
1966 .. ..	1	—	—	—	1
1965 .. ..	3	—	—	—	3

### **Cysticercus Bovis**

The number of cattle infested with this parasite depends almost entirely on the source of the stock. Animals imported for slaughter or originating from areas where sewage sludge is used on the land are much more likely to be infested. In animals drawn from our local markets *cysticercus bovis* is almost non existent. In Newcastle nine cases occurred during the year and 38 carcasses were sent in from other authorities for cold storage treatment in the City. Refrigeration at a suitably low temperature for the correct period is used as the means of destroying the parasite in the meat and so presenting the infection of man with the tapeworm stage of this parasite. Following storage the carcasses are examined, stamped and released by the Newcastle staff.

### **Cysticercus Ovis**

There were 170 cases of this parasitic condition during the year, all were local infestations and after condemnation of minor portions the carcasses were allowed to go on to the market. No cold storage treatment is necessary for this parasite as man is not a host for the intermediate stage.

TABLE V  
INSPECTION OF SLAUGHTERED ANIMALS, 1971  
CARCASSES AND OFFALS INSPECTED AND CONDEMNED IN  
WHOLE OR IN PART

	Bovine	Calves	Sheep and Lambs	Pigs
Animals killed .. .. .	29,317	218	53,364	26,253
Animals inspected .. .. .	29,317	218	53,364	26,253
<i>Tuberculosis:</i>				
Carcases condemned .. .. .	—	—	—	—
Part carcasses or organs condemned .. .. .	51	1	—	52
% affected by Tuberculosis .. .. .	0.17	0.46	—	0.20
<i>Cysticercosis:</i>				
Carcases affected .. .. .	9	—	—	—
Carcases condemned .. .. .	—	—	—	—
Part carcasses or organs condemned .. .. .	131	—	170	—
Carcases treated by refrigeration .. .. .	9	—	—	—
<i>Diseases or Abnormal Conditions other than Tuberculosis or Cysticercosis:</i>				
Carcases condemned .. .. .	33	7	67	54
Part carcasses or organs condemned .. .. .	10,054	7	9,266	6,559

### Imported Food Regulations 1968

Imported foodstuffs which were inspected on arrival at Newcastle Quay consisted chiefly of citrus fruit from Israel, peanuts and canned fruits from Africa and canned meats from the continent made up as follows:—

	<i>Tons</i>
Peanuts .. .. .	309
Oranges and Grapefruit .. .. .	44,802
Canned Meats .. .. .	1,220
Total .. .. .	<u>46,331</u>

A total of 397 sealed containers of meat and other foods which had been consigned unopened to Newcastle from ports all over the country were inspected on arrival. A large proportion of these containers were from Eire and Northern Ireland with fresh meat for the Newcastle wholesale meat shops while others contained canned meat and fruit from all parts of the world.



**Meat and Other Foodstuffs Condemned (Other than at the Abattoir)**

In the wholesale meat shops the following meat was condemned:—

*Imported Meat*

BEEF	2,167 lbs., 3,409 lbs. ox kidneys, 220 lbs. ox lungs, 14 lbs. oxtails.
MUTTON	2,432 lbs., 494 lbs. sheep kidneys, 960 lbs. sheep livers.
PORK	179 lbs., 80 lbs. pig kidneys. 351 lbs. Chinese rabbits, 448 lbs. Chickens, 70 lbs. Sausage, 34 lbs. Bacon, 38 lbs. Lard, 12 lbs. Veal.

*Home Killed*

BEEF	1 carcase plus 4,270 lbs., 99 lbs. heads, 345 lbs. lungs, 932 lbs. livers, 619 lbs. ox tails.
MUTTON	3 carcasses plus 1,778 lbs., 332 lbs. lungs, 2,629 lbs. livers.
PORK	1 carcase plus 1,571 lbs., 4,051 lbs. pig heads, 190 lbs. pig livers. 102 lbs. tripe, 15 lbs. white pudding, 12 lbs. black pudding, 30 lbs. ox hearts, 62 lbs. ox tongue, 15 lbs. cow heels, 40 lbs. ox breads, 6 lbs. kidney knobs, 10 lbs. veal, 35 lbs. ox kidney, 90 lbs. spleens, 8 lbs. sheep kidneys, 30 lbs. ox skirt, 20 lbs. sweetbreads, 24 lbs. calf head, 12 lbs. calf tongue.

The large wholesale meat trade carried on in the City is divided almost equally between those firms who occupy the modern wholesale shops attached to the abattoir and a number of national and international wholesalers who still carry on in their old premises in the Marlborough Crescent Area. The latter traders sell little meat slaughtered in the City, relying mainly on supplies of fresh meat brought in from Eire, Northern Ireland, Scotland, Wakefield, Teesside and Northumberland, frozen and chilled meat from New Zealand and Australia with boneless chilled meat cuts from the

Argentine. China continues to be the main supplier of frozen rabbits with the United Kingdom producing most of the poultry.

Regular visits are made to these wholesale premises and whilst most of the meat passing through these shops has been inspected and is in perfect condition, some deterioration inevitably takes place particularly during the warmer weather.

The total weight of meat and other foodstuffs condemned during 1971 was 113 tons 15 cwt. 0 qtr. 18 lbs. as compared with 194 tons 16 cwt. 0 qtr. 14 lbs. during the previous year.

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Beef, Veal, Mutton and Pork	14	7	0	25
Offals	60	9	3	10
Provisions and Tinned Goods	28	9	0	18
Fresh Fruit and Vegetables	—	9	3	17
	194	16	0	14

These condemnations involved the issue of 1,025 certificates.

**TABLE VI**  
POULTRY AND GAME, FRUIT AND VEGETABLES, PROVISIONS,  
ETC., DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION  
DURING THE YEAR 1971

POULTRY AND GAME		PROVISIONS— <i>Continued</i>		TINNED GOODS— <i>Continued</i>	
	lbs.		lbs.		Tins lbs.
Chicken .....	569	Ice Cream .....	700	Fruit Pulp .....	126 —
Ducklings .....	150	Lard .....	602	Fruit Juice .....	764 —
Rabbit.....	43	Mixed Peel .....	28	Fruit Drink (bottles)	12 —
Turkey .....	226	Mincemeat .....	38	Gravy Salt .....	1 —
Fish .....	98	Margarine .....	13	Ham .....	— 11,984
		Meat Paste .....	116	Hamburgers .....	12 —
		Pastry .....	7	Hot Dogs .....	38 —
		Dried Peas .....	35	Irish Stew .....	33 —
		Preserves.....	5,817	Kidney .....	6 —
		Raisins .....	7	Macaroni .....	4 —
		Rice .....	2,004	Meat .....	561 —
		Ryvita .....	6	Milk Powder .....	8 56
		Sugar .....	35	Milk .....	869 —
		Suet .....	46	Milk Puddings .....	193 —
		Salad Cream .....	57	Mushrooms .....	13 —
		Sausages .....	47	Mint Sauce (jars) ...	11 —
		Sauce .....	107	Mustard .....	1 —
		Salt .....	70	New Potatoes .....	106 —
		Split Peas .....	8	Puddings.....	2 —
		Yogurt (cartons) .....	20	Pease Pudding .....	6 —
				Pickles (jars) .....	13 —
				Peas.....	1,008 —
				Pie Filling .....	101 —
				Savoury Rice .....	1 —
				Soup .....	771 —
				Sausages .....	6 —
				Spaghetti .....	111 —
				Steak & Kidney ...	23 —
				Stewed Steak .....	252 —
				Syrup .....	13 —
				Tomatoes .....	1,670 —
				Tomato Juice .....	69 —
				Tomato Puree .....	248 —
				Tongue—Lambs ...	37 —
				Tongue—Ox .....	36 —
				Vegetables .....	462 —
				Vienna Sausages ...	12 —

FRUIT AND VEGETABLES		PROVISIONS		TINNED GOODS	
	lbs.		lbs.		Tins lbs.
Bananas .....	30	Bacon .....	5,916	Apples.....	546 —
Carrots .....	42	Barley .....	7	Baby Food .....	23 —
Chestnuts .....	154	Blancmange .....	2	Baked Beans .....	362 —
Cucumbers .....	36	Butter .....	113	Beans .....	118 —
Green Beans .....	640	Biscuits .....	1,711	Beef Extract (jar) ...	1 —
Lettuce .....	21	Cheese.....	2,028	Beetroot (jars) .....	18 —
Lemons .....	12	Confectionery .....	69	Corned Beef .....	904 —
Mushrooms .....	50	Coffee .....	1	Cooking Oil .....	6 —
Onions .....	280	Cooked Meat.....	2,106	Chicken .....	343 —
Potatoes .....	1,120	Cereal .....	7	Cream .....	14 —
Tomatoes .....	65	Cornflour .....	7	Canned Drinks .....	2 —
		Dried Fruit .....	22	Curried Food.....	4 —
		Dehydrated Potato .....	28	Custard .....	94 —
		Eggs .....	112	Fish .....	227 —
		Frozen Food .....	7,200	Frankfurters .....	28 —
		Flour .....	568	Fruit .....	5,832 —
		Honey .....	1		

## Bacteriological Examinations

During routine meat inspection the staff occasionally encounter lesions which are obscure and not readily identifiable. On such occasions they are glad to have access to the Ministry of Agriculture Veterinary Investigation Centre. Specimens submitted to this Centre for identification and report can enable the Public Health Inspector to save meat which would otherwise have to be condemned or conversely to ensure that meat which is infected or otherwise unfit is prevented from being used for food. The help given by the Centre is gratefully acknowledged.

At the same time the Corporation meat inspection staff afford every assistance to the Ministry in carrying out their various investigations. During the year 1,000 blood samples were collected for an investigation into the prevalence of brucella abortus and several hundred samples of pig stomachs were taken in a survey into the incidence of ulcers. The results of the examination of 10 specimens submitted are given in the following table.

Type of Animal	Disease or Condition Suspected	Bacteriological Report	Action Taken
Pig	Parasitic	Parasite identified	Partially condemned
Pig	Parasitic	Parasite identified	Partially condemned
Pig	Lymphosarcoma	Confirmed	Carcase condemned
Pig	Parasitic	Parasite identified	Partially condemned
Cow	Toxaemia	Positive	Carcase condemned
Bullock	Septicaemia	Pathogens	Carcase condemned
Pig	Parasitic	Parasite identified	Carcase passed
Pig	Parasitic	Parasite identified	Carcase passed
Cow	Septicaemia	C. pyogenes identified	Carcase condemned
Bullock	Neoplasms	No Pathogens	Carcase passed



## FOOD INSPECTION AND CONTROL

### Analysis of Food and Drugs

The following statistical table shows that of 449 samples submitted for analysis, the Public Analyst reported adversely upon 32 or 7.12% of the total. This compares with 240 samples submitted in 1970, of which number 8.75% showed some irregularity.

Comment upon the samples shown to be adulterated or otherwise giving rise to irregularity and the action taken by the Health Committee is herewith appended together with tabulated statements.

% SAMPLES SUBMITTED TO THE PUBLIC ANALYST  
FOR ANALYSIS OR OTHER EXAMINATIONS

Article	Number examined			Number adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
(a) Milk (Chemical analysis)	12	13	—	—	—	—
(b) Milk (Presence of antibiotics)	—	30	30	—	—	—
(c) Ice cream	9	7	16	—	1	1
(d) Other Foods (Chemical analysis)	25	351	376	10	21	31
(e) Drugs (Chemical analysis)	—	14	14	—	—	—
Total	46	403	449	10	22	32

### (a) Milk

Thirteen samples of milk were purchased throughout the year and by reference to the table below it will be seen that the presumptive standard for genuine milk of 3% fat and 8.5% of solids not fat is being well maintained.

The Milk and Dairies (Channel Islands and South Devon Milk) Regulations 1956 prescribe that milk described as Channel Island Milk shall have a minimum of 4% milk fat and the five samples taken this year easily exceeded this minimum figure.

Designation	Number of Samples Taken	Average Composition	
		Fat %	S.N.F. %
Untreated (Farm Bottled) Milk ..	1	4.60	8.95
Untreated (Channel Island) (Farm Bottled) Milk.. ..	4	5.85	9.40
Pasteurised Milk .. ..	2	3.70	8.65
Pasteurised (Channel Island) Milk	1	5.10	9.13
Sterilised Milk .. ..	2	3.67	8.60
Ultra-Heat-Treated Milk ..	3	3.66	8.62
Total ..	13	—	—

### (b) Antibiotics in Milk

Thirty samples of milk were submitted to the Public Analyst for examination of antibiotic residues. The permissible maximum amount is 0.05 international units per millilitre. Only two samples showed any reaction and in both these cases the amount of antibiotic present, penicillin in one instance and another unidentified antibiotic in the other, was negligible.

### (c) Other Foods

- (i) **Cheese.**—In two samples the compositional quality was not maintained. Both these samples of medium fat processed cheese contained a moisture content in excess of that prescribed in the Cheese Regulations 1970. The manufacturer and retailer were contacted about this and stocks of the cheese were withdrawn from sale. Irregularity in the labelling of cheeses occurred in five samples submitted to the Public Analyst. The retailers and producers of these cheeses were notified and the labelling of these products was amended.

A further five retailers were contacted regarding the mislabelling of grated cheeses, and advice was given on this matter. One sample of cheese was found to be contaminated with zinc stearate and in this case the batch of cheese affected was condemned.

- (ii) **Fish Cakes.**—Two samples were found to be deficient in fish content as prescribed in the Food Standards (Fish Cakes) Order 1950. One was only marginally deficient and

a warning was issued. The other sample was so far deficient that legal proceedings were instituted.

- (iii) **Meat Pies and Sausage Rolls.**—Four samples of meat pies and one sample of sausage rolls were found to be deficient. The Meat Pie and Sausage Roll Regulations 1967 prescribe a minimum of 25% meat in a meat pie and 12½% meat in a meat with vegetable pie. One sample which was labelled as a “mince pie” was found to contain less than 25% meat but more than 12½% meat and after a warning letter was sent, the manufacturer added vegetable to his recipe and re-labelled the produce as a “mince and onion pie”. Two more mince pies and one steak and kidney pie were found to be deficient and warning letters were sent to the vendors of these products.

The Meat Pie and Sausage Roll Regulations 1967 specify a minimum of 12½% meat in a sausage roll and one sample was found to be deficient. After the manufacturer was notified a further check sample proved to be satisfactory.

- (iv) **Sausages.**—The Sausage and Other Meat Product Regulations 1967 prescribe that beef sausage shall contain a minimum of 50% meat and pork sausage a minimum of 65% meat. In only one sample of sausage did the Public Analyst report a deficiency, this being a pork sausage with only 54.3% of meat. As the manufacturer of the product had retired a warning letter was sent.

Three samples of sausages contained undeclared preservatives in contravention of the Preservatives in Food Regulations 1962. These Regulations permit manufacturers to add the preservative sulphur dioxide to sausage meat in permitted quantities providing that this is declared to the purchaser by way of a notice on the packaging or on display in the vendor's premises. The vendors were notified in each case and this resulted in the appropriate declaration being displayed in their premises.

- (v) **Canned Meat Products.**—In one sample of a canned meat product namely Canelloni, a pasta roll filled with roast meat in a tomato sauce, the labelling was unsatisfactory in that it was in a foreign language and, therefore, did not comply with the Labelling of Food Order, 1953. After



notification the manufacturer produced a new label for this product which complied with the aforementioned order.

- (vi) **Other Meat Products.**—A sample of chicken fillets in gelatine contained only 24·6% meat whereas the Sausage and Other Meat Product Regulations 1967 prescribe a minimum of 80% meat in a meat with jelly product. On notification the vendor, who was also the manufacturer, ceased production of this commodity. Three samples of brawn contained a deficiency of meat to the standard prescribed in the above Regulations of 60% meat in brawn. Warning letters were sent to the vendors and as, in one instance, the check sample also proved to be deficient legal proceedings were instituted.
- (vii) **Steak Mince.**—This sample was found to contain 160 parts per million of sulphur dioxide preservative. The Preservatives in Food Regulations 1962 do not permit the use of the preservative in steak mince and a warning letter was set to the vendor.
- (viii) **Ice Cream.**—The Ice Cream Regulations 1967 prescribe ice cream to have a fat content of not less than 5%. One sample taken during the year failed to reach this standard having a fat content of 4·2%. The vendor was notified of this and further samples taken met the standard.
- (ix) **Health Foods.**—The label of a sample of a vegetable concentrate claimed the product to have laxative properties while also claiming to be an energy giving food, a contradiction in terms. It was found that this matter had been taken up by another Food and Drugs Authority in Wales and the label of current production has been amended. No further action was taken.
- (x) **Jam and Devon Sponge.**—The cream like filling in this sample was not butter fat. The Public Analyst was of the opinion that the word “Devon” was likely to lead an intending purchaser to think that he was purchasing a cream filled article. Section 47 of the Food and Drugs Act 1955 states that the designation of an article of food shall be deemed to include the word “cream” if it includes

“any other word calculated to lead a purchaser to suppose that the article contains cream”. As the word “Devon” is closely connected with cream the manufacturers were notified of these views and they now market this product under a different name.

- (xi) **Double Cream.**—The label of this sample contained a misleading statement and the manufacturers were notified of this. They have produced a new label for this product.
- (xii) **Chocolate Cocktails.**—The labelling on this imported confectionery was unsatisfactory, and the United Kingdom distributors were notified. They contacted the manufacturers in Czechoslovakia to ensure that, in future, the labelling would be amended.
- (xiii) **High Protein Bread.**—The wrapper of this newly released product made extensive claims including the claim that the bread contained over 70% more protein than ordinary bread. On examination the Public Analyst found that in fact the sample contained no more protein than ordinary bread and the manufacturer was warned.
- (xiv) **Flour.**—The Bread and Flour Regulations 1963 specify that flour has to contain between 235–390 milligrammes of chalk per 100 grammes of flour. Iron, vitamin B, Nicotinic Acid and Nicotinamide are also required to be added to flour to ensure that these nutrients which are naturally present in wholemeal flour but which are destroyed during the milling of flour are restored to their natural quantities. One sample of flour submitted to the Public Analyst was found to contain 460 milligrammes of chalk per 100 grammes of flour, an excess of 70 milligrammes per 100 grammes. There are well known technical difficulties in the process of adding chalk to flour and as the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food are at present reviewing the Bread and Flour Regulations 1963 and the need to add such nutrients to flour, the action taken in this instance was a warning letter sent to the producer.
- (xv) **Pigs Livers.**—Nine samples of pigs livers obtained from the Abattoir and retail premises were examined for heavy



metal residues. Certain heavy metals are used as growth stimulators in intensively bred animals such as pigs and an excess of metals was found in four samples. Three samples contained between 1 and 2 parts per million of arsenic whereas the Arsenic in Food Regulations 1959 permit a maximum of 1 part per million. One sample contained 4 parts per million of lead whereas the Lead in Food Regulations 1961 permit a maximum of 2 parts per million of lead in food, apart from certain exceptions. In order to obtain a more comprehensive appraisal of the extent of metal contamination in pigs livers a more intensive survey is to be carried out in 1972.

- (xvi) **Mercury in Tuna Fish.**—Two samples of canned Tuna fish were submitted to the Public Analyst during the year for the presence of mercury residues. This metal contaminant, however, was found in only one sample, and then at an acceptable level. This sample contained 0·1 parts per million of mercury and while there is no United Kingdom standard for mercury in food, the standard adopted by the Food and Drugs Administration of the United States of America is a maximum limit of 0·5 parts per million of mercury in food.

## **Bacteriological Examination of Food**

### **Milk**

Milk is presented for retail sale in the City in many ways and in several different forms of packaging. Untreated farm bottle milk is sold in the City originating from four dairy farms in Northumberland and, on the whole, the results of samples of this type of milk have been fairly satisfactory. Untreated milk, however, is sold also from milk dispensers and the results of samples taken from this source give cause for concern. Over half of the submitted samples of untreated milk from dispensers failed the statutory Methylene Blue Test. The only consolation arising out of this unsatisfactory state of affairs is that only two catering establishments in the City use this type of milk in their dispensing machines. Regular visits are made by members of the staff to these premises and advice given on the efficient cleaning of the dispensers and on the handling of milk. Samples of untreated milk in churns delivered



to the processing dairy from farm producers are also taken and the results of these samples are conveyed to the Regional Milk Officer of the Ministry of Agriculture, Fisheries and Food as his department is responsible for clean milk production on the farm.

Pasteurised bottled and cartoned milk was distributed from four processing dairies in and around the City during 1971 and only four samples out of 103 submitted indicated any form of post pasteurisation contamination. All samples of pasteurised milk passed the Phosphatase test indicating that the pasteurising processes were being satisfactorily maintained by the processing dairies. Pasteurised milk from cafe and restaurant dispensers was also widely sampled and again a large proportion of these samples failed the Methylene Blue Test. After advice had been given most check samples proved to be satisfactory.

Three processing dairies, only one of which is situated in the City, retail sterilised milk in the City. Ultra-heat-treated milk commonly known as "long-life milk" is processed in four dairies situated in Settle, Nottingham, Cardiff and Southampton. All samples of sterilised and ultra-heat-treated milk satisfied the prescribed tests.

#### BACTERIOLOGICAL EXAMINATION OF MILK

Designation of Milk	Samples Taken	Satisfactory	Unsatisfactory	% Unsatisfactory
Untreated Farm Bottled (Methylene Blue Test)	36	34	2	5.5
Untreated Dispenser (Methylene Blue Test)	9	4	5	55.5
Untreated Churn (Methylene Blue Test)	44	32	12	27.3
Pasteurised Bottled and Cartoned (Methylene Blue Test)	103	99	4	3.88
Pasteurised Bottled and Cartoned (Phosphatase Test) .. .. .	103	103	—	—
Pasteurised Dispenser (Methylene Blue Test)	102	78	24	23.5
Pasteurised Dispenser (Phosphatase Test) ..	102	102	—	—
Pasteurised Churns ..	—	—	—	—
Sterilised Bottled (Turbidity Test) ..	33	33	—	—
Ultra-Heat-Treated Cartoned (Colony Count Test)	14	14	—	—
Total ..	546	499	47	—

### **Tubercle Bacilli**

77 samples of untreated milk were submitted to the Public Health Laboratory to be examined for the presence of tubercle bacilli. Of this number 29 were samples of farm bottled milk, 45 were samples from churns of milk delivered to the processing dairies and three were from dispensers in catering premises. All the samples were declared free from tubercle infection.

### **Brucella Abortus**

The above 77 samples of untreated milk were also examined for the organism of brucella abortus. Two samples failed the Ring (or screening) test and another three were doubtful, but on further examination none of these samples were found to be positive. It would appear that the incidence of this organism, which causes undulant fever in man, is very low in the milk producing areas surrounding the City, even though the counties of Northumberland and Durham have not yet been included in the Brucellosis Eradication Scheme. The Regional Milk Officer of the Ministry of Agriculture, Fisheries and Food was notified of the results of these examinations.

### **Ice Cream**

The bacteriological monitoring of ice cream retailed in the City continued during 1971. Samples of ice cream manufactured from inside and outside the City were taken from manufacturers' production plant, retail freezers and mobile vans and were submitted to the Public Health Laboratory. 56 or 70·88% of the samples proved to be satisfactory or reasonably satisfactory when subjected to the methylene blue test. Samples giving an unsatisfactory result were repeated after advice had been given regarding the possible sources of contamination that might be affecting the ice cream. This was generally post pasteurisation contamination due to mishandling of the product by the food handler or by the use of unclean equipment.

Provisional Grade	BACTERIOLOGICAL EXAMINATION OF ICE CREAM		
	Classification	No. of Samples	Percentage
1	Satisfactory	41	51·89
2	Reasonably satisfactory	15	18·99
3	Unsatisfactory	8	10·13
4	Unsatisfactory	15	18·99
		79	100·00

### Other Foods

- (i) **Pasteurised Liquid Egg.**—During the year three samples of pasteurised liquid egg were taken from a processing factory in the City and all samples complied with the alpha-amylase test prescribed in the Liquid Egg (Pasteurisation) Regulations 1963.
- (ii) **Untreated Cream.**—Two samples of untreated cream sold from a retail shop in the City were submitted to the Public Health Laboratory. One sample failed the methylene blue test but the check sample proved to be satisfactory. The organism of brucella abortus was not isolated.
- (iii) **Untreated Goat's Milk.**—One sample of this product retailed in "Health Food" premises was submitted for bacteriological examination. This sample satisfied the methylene blue test and the organisms of brucella abortus, brucella melitensis and tuberculosis were not isolated.
- (iv) **Kangaroo Tail Soup.**—During routine inspections of food premises this product attracted our attention as its import had recently been banned by the Ministry of Agriculture, Fisheries and Food under the Imported Food Regulations 1968. Samples were submitted to the Public Health Laboratory for the presence of food poisoning organisms but these were not isolated. Representations were made to the Ministry and the sale of this commodity has now ceased.

### Registrations and Licences

It is a requirement of the law that distributors of milk shall be registered with the local authority and that persons selling designated



milk shall be licensed. Registrations and licences are for quinquennial periods and 1st January, 1971 was the beginning of such a period. In consequence, a considerable volume of additional work was imposed upon clerical staff in revising registers and preparing licences. It is pleasing to report that completion of this task was accomplished with the minimum of delay.

It is, perhaps, not generally appreciated that in a public health officer's section the amount of work involved in keeping the various records required by statute is considerable and the support of an expert clerical staff knowledgeable in duties of the office is a valuable asset which rarely receives the recognition it deserves.

**(a) Milk and Dairies (General) Regulations 1959**

As a consequence of revision of the register it was found that the number of distributors of milk has fallen considerably during the quinquennial registration period from 617 in 1966 to 516 at the beginning of 1971. A further 10 distributors ceased to operate during the year leaving the total at the end of the year at 506. The reduction in numbers is due in part to retirements from business but largely to the demolition of properties acquired compulsorily for the purpose of clearance and re-development.

**(b) Milk (Special Designation Regulations) 1963**

At the end of the year there were 506 licences in force in respect of the sale of designated milk.

**(c) Registration of Food Premises**

During the year there were 43 applications made under the provisions of the Newcastle upon Tyne (General Powers) Act 1935, by persons who wished to manufacture or sell ice cream within the City. In addition there were 44 applications made under the provisions of Section 16 of the Food and Drugs Act 1955 for the registration of premises on which sausages or potted, pressed, pickled or preserved foods were to be prepared.

At the end of the year there were 487 premises registered for the manufacture or sale of ice cream and 211 premises registered for the preparation of other foods. The register of premises used for the manufacture of food was also revised during the year.

## Food Hygiene

The number of premises within the City to which the Food Hygiene Regulations apply has fallen to 2,086 as compared to 2,355 in 1970. This is not an unexpected trend and can mainly be attributed to the progress of Compulsory Purchase Orders throughout the City and, in particular, the re-development of the central area. Due to continued staff shortages and the additional work placed on the department by the introduction of qualification certificates, the number of inspections carried out was considerably lower than during the past years. Nevertheless, every effort has been made to ensure that visits have been made to those premises where the general standard of hygiene was not particularly good.

A special campaign was carried out during the summer months in relation to street traders where often the standard of food hygiene is relatively low and this has resulted in improved standards, although these are not always maintained at all times. During the year 26 informations were proved against persons subject to the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 resulting in fines being imposed totalling £177.

On the 1st March, 1971 the Food Hygiene (General) Regulations 1970 came into operation and although these are substantially the same as the regulations made in 1960 there are several changes which have had to be brought to the notice of the persons carrying on food businesses. It is quite correct to say now that food hygiene is accepted by the food trade, but it is equally correct to say that unless constant supervision of the food premises is carried out by Public Health Inspectors, the standards gradually deteriorate. The effect of the reduced number of inspections carried out during 1971 will be felt during 1972, as in many cases routine work such as redecoration and cleaning, etc., are not carried out unless this work is requested by the Public Health Inspector.

Under the Food Hygiene (General) Regulations legal proceedings in respect of 15 offences were instituted and fines totalling £164 were imposed. This is the least number of prosecutions under these regulations for several years and may well be related to the considerably lower number of inspections carried out during the year.

Towards the end of March 1971 the food preparation and storage rooms of a Chinese restaurant in the City centre were severely damaged by fire and the department was called in to help in the



planned rebuilding and opening of the restaurant in as short a time as possible. The management, whilst realising the implications of the Food Hygiene Regulations, did not speak very good English and gave the inspector a free hand to request works to be carried out by the builders. The insurers of the property agreed on the works for which they would pay and it was agreed with the restaurant owner that the standard would be improved with a greater emphasis placed on rodent control and the prevention of entry and breeding of rodents.

When all the fire damaged materials were removed, it was found that there were numerous places such as hollow walls, and holes leading from floor to floor and room to room which lent themselves to rodent infestation. Whilst taking every effort to keep the management informed of the works required, the builders were instructed to carry out full rodent proofing. The food preparation room was dealt with first and the standard of wall finishes and equipment was also improved. The premises were visited daily and the various contractors were advised of the best means of carrying out the improvements. All the time they were urged to work in conjunction with each other and bring as many tradesmen in as possible. The restaurant was eventually allowed to open on Good Friday, 9th April, 1971, just two weeks after the fire.

One of the most important considerations in respect of Chinese "take-away meal" shops is adequate ventilation to the kitchens and in nearly every case the construction of an outside flue is a necessity. The construction of a flue requires planning and building regulation permission but it is an anachronism that the use of any shop as a Chinese "take-away meal" shop does not constitute development under current planning legislation and, therefore, planning permission is not necessary.

In one instance soon after a Chinese take-away meal shop had opened the tenant of an office suite above the shop complained of odours and it was found that the flue to the cooker had been poorly sited and had been constructed without approval by any department of the City Council. At the time of writing this report (December 1971) a complaint had been made to the Magistrates' Court to abate the nuisance from odours from the cooking of food.

The high gas consumption of Chinese cookers and the method of cooking produces not only a localised high temperature in the kitchen, but the mineral oil used is driven off as fume together with



water vapour. This oily fume must pass through metal filters and the flue made to terminate at such a position as not to cause a nuisance. In practice a fan of at least 15" diameter is required and usually an air change of 60 changes per hour is aimed at compared with 10/20 air changes per hour for the conventional kitchen. The replacement of air requires an intake fan in the front shop of some 40/70,000 cubic feet per hour. A fault commonly found in the design of ventilation systems is that the cross sectional area of the flue is reduced to less than that of the fan and this seriously impairs its efficiency.

## FOOD PREMISES SUBJECT TO THE FOOD HYGIENE (GENERAL REGULATIONS 1970

### GROUPED INTO CATEGORIES OF TRADE

Type of Premises	Total Number
Abattoir .. .. .	1
Bakehouses .. .. .	49
Bingo Halls .. .. .	15
Butchers .. .. .	171
Catering .. .. .	367
Chemists .. .. .	29
Cinema and Theatres .. .. .	16
Confectioners .. .. .	340
Dairies .. .. .	10
Fish Fryers .. .. .	61
Fishmongers .. .. .	39
Food Manufacturers .. .. .	25
Food Packers .. .. .	15
Food Stores .. .. .	26
General Dealers .. .. .	310
Greengrocers .. .. .	130
Grocery and Provisions .. .. .	144
Leisure Centres .. .. .	5
Licensed Premises .. .. .	359
Poultry Slaughtering Premises .. .. .	4
Total .. .. .	2,086

## DISEASES OF ANIMALS

### Foot and Mouth Disease

There were no cases in the United Kingdom during 1971. The last outbreak of this disease occurred in 1968.

### **Anthrax**

Although there were some suspect cases of anthrax, none were confirmed in the City during 1971. There were 64 outbreaks elsewhere in the country in which 85 animals died.

### **Swine Fever**

Even though the country had been free from this disease since 1966 as the result of an eradication scheme, three outbreaks were confirmed in 1971, requiring the slaughter of 189 pigs as animals diseased or exposed to infection. None of these cases occurred in Newcastle.

### **Fowl Pest**

There were 4,214 outbreaks of fowl pest confirmed in the country, though none of these occurred in the City.

### **Tuberculosis**

The incidence throughout the country continued at a low level. There was no generalised case of this disease in Newcastle.

### **Rabies**

There were no cases of Rabies in the country during 1971.

### **Brucellosis**

The eradication of this disease in cattle is now well under way. The first Brucellosis Eradication Order came into force in November in some areas of the country. In these areas compulsory slaughter of all reactors is enforced with compensation being paid to the owner of the stock. Newcastle is not yet included in the compulsory eradication areas and a voluntary scheme is in operation. During the year 58 bovine reactors were slaughtered at the Newcastle abattoir. It is expected that these numbers will increase during the next few years until the disease has ceased to be the danger that it is today.

### **Abattoir and Meat Market, Transit of Animals**

The small improvement in the overall throughput at the Newcastle Abattoir and Meat Market was continued during 1972, in spite of

the fact that the number of carcasses exported to Europe was much reduced and early in the year ceased altogether when the Ministry approval of the premises for export to E.E.C. countries was withdrawn.

During the early months of the year 788 carcasses of lamb were exported to France and 28 sow carcasses were sent to Poland. Newcastle will not be permitted to export meat again until a separate casualty slaughter room as been provided at the abattoir. This is now an agreed European standard applicable to premises exporting to another member of the E.E.C. and designed to ensure that no diseased animal is admitted into the meat market until it has been inspected and found to be free from any infection likely to contaminate sound meat.

During 1971, six animals (two sheep and four pigs) died in the abattoir lairage, a small number when compared with 41 animals found dead in 1967, the year before the abattoir was opened, when there were some 40 out-of-date lairages in the City and proper supervision of the welfare of the animals was impossible. In one case of death a scheduled disease was suspected and it was considered necessary to call in a Veterinary Consultant.

Supervision of construction, cleansing and disinfection of stock wagons under the Transit of Animals Orders continued as one of the duties of the Health Department Staff at the abattoir and was made easier by improvements which were carried out on the washing square and entrances to lairage.

## PEST CONTROL

It is of considerable concern to the department to find that once again the number of properties found to be infested with mice has increased considerably and has now reached 1,606 compared with 1,327 during 1970. It is, however, even more worrying when one looks at the figures over the last five years:—

Year	Mice infested properties found
1967	657
1968	1,096
1969	1,091
1970	1,327
1971	1,606



It is probable that some of the mice infesting this City are resistant to coagulant type poisons and thus alternatives have to be used which are not entirely satisfactory in all respects. The narcotic type are thermotaxic and, as a consequence, difficulties in use can be experienced during the summer months. With the acute poisons there is so much danger to humans and household animals that their use is considerably restricted. Although the amount of money spent on poisons during 1971 was 100% higher than in the previous year it has proved to be not possible to check the infestation rate and it would appear the fault lies with the method of control rather than the type of poison used. To deal with complaints on a day to day basis is far from satisfactory and extensive block control work must eventually be carried out. This will probably mean an increase in the number of staff engaged on rodent control work and greater supervision of their duties by the Public Health Inspectorate. It is also important to survey adequately the areas of property about to be demolished so that efforts can be made to contain the mouse population and thereby prevent the spread immediately prior to, and during, demolition work. Details of the location of infestations show clearly that the greatest problems are to the south of the City in easterly and westerly directions.

The situation concerning the control of rats is reasonably satisfactory, the number of infested properties being 482 as compared to 524 in 1970. Here again it is probable that this infestation rate could be reduced if more block control schemes were carried out.

Three particularly interesting cases were dealt with successfully during the year.

(1) As a result of complaints being received concerning the presence of rats in the extreme south west area of the City a detailed survey was carried out and the sites of the infestations were discovered to be in three relatively small areas one of which was within the boundary of an adjoining local authority's district. The area within the City boundary immediately adjoining the other authority's infested location was mainly a surface infestation and was quickly dealt with and cleared in the normal way. The third infested area, however, was centred in a wall running around the perimeter of a factory site and adjoining the River Tyne. This wall was infested to a considerable degree and, whilst it was impossible to count the number of rats present, the amount of poison taken indicated a

major infestation with a probable population of a few hundred rats. The outer surface of this wall was of rubble construction and behind this the ground was constructed of ash and various types of loose fill. The road adjoining the wall was of concrete and investigation indicated that the access route for the rats was out of the front surface of the wall which was covered to a greater or lesser degree by the state of the tide. In consequence, if the exercise was to be effective, the poison had to be placed within the wall or on the bed of the river during the periods of low tide.

During the first fortnight of the exercise it became quite clear that a considerable amount of poison was being washed away as the tide rose and penetrated the wall and, in consequence, there was a relatively short time for the rats to feed. In order to give a longer feeding time for the rats a raft was constructed and upon it was placed a large metal tray which would hold approximately 4 lbs. of poison. This raft was pegged to the wall on a looping line and thus as the tide came in and out the float would rise and later settle on to the bed of the river without the poison being disturbed. This did not prove entirely satisfactory as there seemed to be a great reluctance on the part of the rats to climb upon the float and eat the poison. However, there were "takes" and no doubt a certain number of rats were killed.

About this time it was felt that the extent of the infestation was known and a contract was arranged between this department and the company owning the wall. In consequence, at monthly intervals extensive poisoning within the wall using acute poisons was carried out and it is confidently reported that by the end of the year the infestation has been minimised and during 1972 normal maintenance will be sufficient to prevent any re-infestation.

(2) The second case concerned a rodent infestation in the front garden of a house which had been dealt with for many years by poisoning and investigations had failed to find the source of the infestation. Shallow excavations both in the garden and under the pavement had proved negative and it was decided that a deep excavation should be made in the front garden. This was done and a broken drain was found which was repaired, since when no further infestation has occurred.

(3) The third incident was reported as a complaint of birds nesting in the roofs of newly constructed houses but, on investiga-



tion, was proved to be rats in the roof spaces. It was discovered that a new branch drain, which was not in use, had not been sealed off by the building contractor, and the rats had gained access into the roof space via this drain and the cavity walls. A block survey of the area was carried out and in co-operation with the City Engineer, the sewers were flushed out and successfully treated.

The last two cases show the importance of proper investigation and remedial work, block control and rat proofing. Successful investigations and block controls are time consuming but this, combined with positive action in rodent proofing must, in the long term, be worthwhile.

### **Feral Pigeons**

The work routine in connection with trapping of feral pigeons has not been particularly successful, mainly because of the difficulty of finding suitable sites for the pigeon traps. Nevertheless, with only one site in operation during the year, 350 pigeons were caught and destroyed compared with 488 during 1970.

### **Insect Control**

Insect control work covers all types of insects but the majority of time is spent in eradicating cockroaches. From the table set out below it will be seen that out of a total number of 1,195 premises disinfected, 829 had been infested with cockroaches. Whilst there are always a few properties infested with fleas, bugs, etc., these are relatively minor problems and present no difficulties.

### **Disinfestation (prior to rehousing)**

During the year there was a slight decrease in the disinfestation of household effects prior to removal into council houses from unfit houses when 1,441 cases were dealt with compared with 1,455 in 1970. The work involved the spraying of 3,050 rooms. Most of the houses from which rehousing took place and in respect of which disinfestation was carried out were in the Frank Street, Cromwell Street, Gordon Road and Gill Street areas.

### **Disinfestation (General)**

A total of 1,195 premises were dealt with during the year. In dealing with these infestations 178 lbs. of insect powder, 385 gammexane smoke generators and 983 gallons of liquid insecticide



was used. Two men are engaged on disinfestation work and are also responsible for carrying out disinfection after cases of infectious disease. The number of visits for disinfestation purposes during the year was 1,453. The table below shows the kinds of insects, etc., in respect of which disinfestation measures had to be taken during the year.

The work of pest control is not particularly rewarding to the operatives, but one particular exercise is worthy of note and concerns the eradication of vermin from a council house estate.

As a result of numerous complaints being made to both Health and Housing Departments, a house to house survey was made of 591 houses on an estate which was under the control of the Director of Housing. In all, five houses were found to be very heavily infested and 74 houses moderately infested with cockroaches and, in order to cover all possible eventualities, it was decided to treat houses on either side of an infested house, thus increasing the total number of houses treated to 157.

The first treatment began on the 6th May, 1971 and was completed towards the end of July covering 157 houses. The second treatment commenced on the 1st August and was completed by the 21st September, 1971, during the course of which 150 houses were treated, the remaining seven tenants refusing to have further treatment on the grounds that infestation had been cured. These houses were checked and freedom from cockroaches was confirmed. A third treatment dealing with 150 houses commenced in the last week of September and was completed by the end of November, 1971.

The cost of materials used amounted to £105·85 and the cost of labour to £236·80. The total cost was, therefore, £342·65 or £2·19 per house.

## RAT AND MICE INFESTATIONS DURING 1971

	Dwelling Houses	Other Premises	Total
Number of properties inspected	2,539	514	3,053
Number of visits (including revisits)	6,671	3,710	10,381
Number of properties found to be infested:			
Rats ..	347	118	465
Mice ..	1,302	304	1,606
Number of infested properties treated by Local Authority:			
(a) On complaint	1,641	376	2,017
(b) Under contract	—	87	87
“Block Control” schemes	89	—	89

## PREMISES DISINFESTED

Premises infested with cockroaches	..	..	829
Premises infested with fleas	..	..	106
Premises infested with bugs	..	..	67
Premises infested with red mite	..	..	17
Premises infested with wasps and bees	..	..	66
Premises infested with woodworm	..	..	1
Premises infested with flies ..	..	..	16
Premises infested with lice ..	..	..	13
Premises infested with ants	..	..	22
Premises infested with earwigs	..	..	17
Premises infested with golden spider beetles	..	..	41
Total ..	..	..	1,195

Premises fumigated .. ..	..	..	82
Premises disinfected—Scabies	..	..	23
Total ..	..	..	105
Grand Total ..	..	..	1,300

## MISCELLANEOUS MATTERS

During the year the following legislation affecting the work of the department came into operation.

### **The Housing Act 1971**

This Act increased the amount of financial assistance available for the purpose of the improvement of houses in development and intermediate areas.

### **The Rag Flock and Other Filling Materials Regulations 1971**

The new regulations replace the Regulations of 1961 and 1965. They bring within the scope of the Act rubberised hair and fibre, rubberised or resin bonded felt, cellular rubber and cellular plastics crumb and all kinds of wood fillings, sawdust and wood wool. As these fillings are being increasingly used it has been thought expedient to prescribe standards of cleanliness in the interests of public health.

### **The Clean Air (Emission of Grit and Dust from Furnaces) Regulations 1971**

These regulations prescribe limits with respect to the emission of grit and dust from the chimneys of certain kinds of furnaces, namely

- (a) furnaces of steam boilers of appliances for the direct heating of gas or liquid with a maximum continuous rating of between
  - (i) 825 and 475,000 pounds of steam per hour (from and at 100°C), or
  - (ii) 825,000 and 475 million British thermal units per hour, and
- (b) other furnaces of indirect heating appliances or in which the material being heated does not contribute to the emission, with a designated heat input of between 1·25 million and 575 million British thermal units per hour.

### **The Clean Air (Measurement of Grit and Dust from Furnaces) Regulations 1971**

The requirements to be observed in recording measurements of grit and dust emitted from furnaces are prescribed by these regula-



tions which revoke the Regulations of 1968. The change became necessary as a consequence of the provisions of Section 5 of the Clean Air Act 1968 which extended the description of furnaces to which regulations could apply.

### **The Smoke Control (Exempted Fireplaces) Order 1971**

This Order was made under Section 11(4) of the Clean Air Act 1956 which empowers local authorities to declare the whole or any part of their district to be a smoke control area in which the emission of smoke is prohibited. This Order exempts the Rayburn CB 34 fireplace from the provisions of Section 11 upon condition that it is installed, maintained and operated so as to minimise the emission of smoke and that washed coal singles only are used as fuel.

### **The Smoke Control Areas (Authorised Fuels) Regulations 1971; and The Smoke Control Areas (Authorised Fuels) (No. 2) Regulations 1971**

Section 11 of the Clean Air Act 1956 makes it an offence to emit smoke from the chimney of a building within a smoke control area unless it can be shown that the emission of smoke arose solely from the use of an authorised fuel. The above named regulations declare the undermentioned fuels to be authorised fuels, namely "Ancit" briquettes, "Extracite" ovoids, Syntrocite ovoids, "XL" briquettes and "Anthracine" ovoids.

### **The Alkali etc. Works Order 1971**

The discharge of certain noxious or offensive gases from certain types of work is subject to control under the Alkali etc. Works Regulations Act 1906. The original lists of gases and schedule of works subject to control have been amended and extended from time to time. This Order further extends and amends the schedule of works and defines certain scheduled works. It also extends the list of noxious and offensive gases by the addition of the gases and fumes set out in the schedule to the Order.

### **The Farm and Garden Chemicals Regulations 1971**

These regulations are the first to be made under the Farm and Garden Chemicals Act 1967. They require certain products to be labelled with the name of the substance if they contain any of 300 or more chemicals listed in the Schedule to the Regulations. The

regulations apply to retail sales of products sold for use in Great Britain as weedkillers, pesticides or growth controllers on farms or in gardens.

### **The Preservatives in Food (Amendment) Regulations 1971**

These regulations amend the 1962 regulations by imposing limits on the amounts of sodium nitrate and sodium nitrite which may be added to bacon, ham and pickled meats.

### **The Meat Inspection (Amendment) Regulations 1971**

The Meat Inspection Regulations 1963 required every local authority to arrange for the inspection at the time of slaughter of every animal, the flesh of which was to be used for human consumption and authorised them to make a charge for such inspection. The amendment regulations authorise local authorities to increase the inspection charge by approximately one third, but the charges must not exceed:—

- (a) in the case of each horse or bovine, 18 new pence;
- (b) in the case of each calf or pig, 5 new pence;
- (c) in the case of each sheep, lamb or goat, 4 new pence.

### **The Slaughter of Poultry (Humane Conditions) Regulations 1971**

These regulations contain provisions for securing humane conditions in connection with the slaughter of turkeys and domestic fowls for human consumption.

The chief provisions require that such poultry while awaiting slaughter must not be subjected to unnecessary pain or distress, must be slaughtered as soon as practicable and meanwhile must be protected from adverse weather. Maximum periods are prescribed during which the birds may be suspended head downwards and minimum periods are prescribed which must elapse before birds are immersed in a scalding tank or plucked after slaughter by cutting the neck.

### **The Live Poultry (Restrictions) Amendment Order 1971**

This Order was made under the Diseases of Animals Act 1950 to amend the Live Poultry (Restrictions) Order 1971 so as to make certain Articles of the Order applicable to Scotland as well as

England. The effect of the Order is to remove the prohibition imposed upon the movement of poultry into certain specified areas.

**The Diseases of Animals (Extensions of Definitions) Order 1971**

This Order extends the definition of disease in Section 84 of the Diseases of Animals Act 1950 to include brucellosis for all the purposes of the Act.

**The Brucellosis (Eradication Areas) (England and Wales) Order 1971**

Under the Diseases of Animals Act 1950, the Minister of Agriculture, Fisheries and Food may make orders declaring any area to be an "eradication area" for the purpose of controlling animal disease. He may also make orders imposing such prohibitions or requirements with respect to cattle in eradication areas as he may consider necessary or desirable for the purposes of eradicating brucellosis. The above Order declares five areas in England and Wales to be eradication areas and prohibits the vaccination against brucellosis in those areas unless undertaken on behalf of the Minister or under licence issued by veterinary inspector employed by the Minister. The City is not affected by the Orders at the moment.



## SUMMARY OF LEGAL PROCEEDINGS

Case	Contravention of	No. of Offences Proved	Fines Imposed and Orders Made	Costs Ordered to be paid
1	Food and Drugs Act 1955, Sect. 2	1	£10	£5
2	Food and Drugs Act 1955, Sec. 2	1	£25	
3	Food Hygiene (General) Regu- lations 1960	2	£4	
4	Housing Act 1957, Sec. 27	1	£3	
5	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regu- lations 1966	4	£20	
6	do. do.	9	£85	
7	Offices, Shops and Railway Premises Act 1963	1	£100	
8	Housing Act 1961, Sec. 19	1	£20	
9	Public Health Act 1936, Secs. 45 and 93/4, 28 day Nuisance Order	2	£5	
10	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regu- lations 1966	2	£10	
11	Offices, Shops and Railway Premises Act 1963	2	£45	
12	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regu- lations 1966	4	£12	
13	do. do.	3	£15	
14	Rag, Flock and Other Filling Materials Act 1951	1	£10	
15	Offices, Shops and Railway Premises Act 1963	3	£45	
16	Food Hygiene (General) Regu- lations 1970	4	£60	
17	Housing Act, 1961, Sec. 19	2	£30	
18	Food Hygiene (General) Regu- lations 1970	9	£100	

SUMMARY OF LEGAL PROCEEDINGS—*continued*

Case	Contravention of	No. of Offences Proved	Fines Imposed and Orders Made	Cpsts Ordered to be paid
19	Food and Drugs Act 1955, Sec. 2	2	£50	
20	do. do.	1	£25	
21	Offices, Shops and Railway Premises Act 1963	1	£10	
22	Food Hygiene (Markets, Stalls and Delivery Vehicles) Regu- lations 1966	1	£20	
23	do. do.	4	£35	
24	Food and Drugs Act 1955, Sec. 2	1	£20	
25	Housing Act 1961, Sec. 19	1	£10	
26	Food and Drugs Act 1955, Milk and Dairies (General) Regulations 1959	1	£15	
	18 Summons served under the Public Health Acts were withdrawn before hearing as the work had been completed satisfactorily. In each case the defendant paid 20p costs.			
	2 Summons served under the Newcastle upon Tyne Cor- poration (General Powers) Act 1935 were withdrawn, the Corporation acquiring the property and agreeing to demolish.			

**Hairdressing Establishments**

There were 38 new applications for the registration of hairdressing premises approved during 1971 and 30 premises ceased to operate bringing the total of registered premises at the end of the year to 259. 265 inspections of hairdressing establishments were made during the year.

## Rag Flock and Other Filling Materials Act 1951

For the first time in this City legal proceedings were instituted under this Act in respect of a sample of woollen mixture felt containing 38 parts of chlorine per 10,000 as compared to the legal maximum of 30 parts per 100,000. After considerable difficulty in serving the summons due to the manufacturer's premises being in Yorkshire and the difficulty of tracing the responsible person, a hearing was eventually arranged when the defendant pleaded guilty and was fined £10.

At the end of the year the number of licensed and registered premises in the City was as follows:—

Registered premises at the end of the year	..	4
Licensed premises at the end of the year	..	1
Number of inspections	.. .. .	33
Samples	.. .. .	8
(One sample failed—sample number 1)		

### SAMPES TAKEN

Layered Felt	.. .. .	2
Cellular plastic crumb	.. .. .	1
Cotton felt	.. .. .	1
Loose flock	.. .. .	1
Rubberised hair	.. .. .	1
Flock pads	.. .. .	1
Woollen mixture felt new	.. .. .	1
Total	.. .. .	8

## Pharmacy and Poisons

During the year two new registrations were approved and in four instances sellers ceased to sell Part II poisons. At the close of the year Part II of the Poisons Act list comprised the following sellers:—

General Dealers	.. .. .	66
Hairdressers	.. .. .	4
Druggists	.. .. .	5
Hardwaremen	.. .. .	8
Seedsman, etc.	.. .. .	6
Chemicals and disinfectant manufacturers	.. .. .	1
Ironmongers	.. .. .	6
Motor Factors	.. .. .	1
Total	.. .. .	97

New registrations	.. .. .	2
Ceased to sell Part II poisons	.. .. .	4



## **Pet Animals Act 1951**

During the year 20 licences were granted to persons to keep pet shops in the City. A total of 44 inspections of the premises concerned were carried out and the conditions generally were found to be reasonably satisfactory.

## **Staff Appointments**

Two pupil Public Health Inspectors, Messrs. G. A. Mole and A. Stubbs were recruited into the Department's training scheme, a three year Diploma sandwich course with theoretical training at the Charles Trevelyan Technical College concurrent with the practical training within the Department.

Three pupil Public Health Inspectors, G. A. Curran, G. Dobson and R. Speddy were successful in passing the Final Diploma Examination and were appointed as inspectors within the Department. A further pupil who had transferred from the diploma course to a degree course at Aston University obtained an Honours degree of Bachelor of Science (Environmental Health) and was appointed as a Public Health Inspector.

Two welcome appointments were made to the inspectorial staff at the end of the year in the persons of Messrs. R. D. Foster and G. T. Graham from South Shields.

However, the acute staffing situation was not relieved as during the year there were four resignations of Public Health Inspectors – G. Davison to the Borough of Blyth, J. S. Spears to the London Borough of Barnet, J. Little to Bedworth R.D.C. and K. Buchan to Newburn U.D.C. Two Public Health Inspectors were granted leave of absence in order to follow further courses of study at a University – R. Speddy on a post graduate course for a M.Sc. Degree in Food Science at Reading University and J. Bell for a M.A. degree in Social Science in Local Government and Administration at Aston University.

Two Technical Assistants, C. W. Batchelor and G. Stewart, were appointed to the Housing (Slum Clearance) Section, from the building industry, and two Technical Assistants, C. Bell and D. H. Ward were seconded to the Revitalisation Agency to deal with improvement grants.

In the Administrative Section, one shorthand typist and four clerk typists were appointed to fill vacancies.

### **Conclusion**

Without the friendly encouragement of members of the Health and Housing Committees the role of a Chief Public Health Inspector would indeed be irksome and for their support I am grateful. I am indebted to the Divisional Inspectors for assistance in compiling the material in this report and to them and the staff as a whole I offer sincere thanks.

L. MAIR,  
*Chief Public Health Inspector.*

# APPENDIX I

## WORK OF THE NEWCASTLE EXECUTIVE COUNCIL

It is the statutory duty of the Executive Council under Part IV of the National Health Service Act, 1946 (as amended) to:

- (a) make arrangements with medical practitioners for the provision of personal medical services (including maternity medical services) for all persons in Newcastle who wish to take advantage of the arrangements—these services are known as ‘general medical services’.
- (b) make arrangements for the supply of sufficient drugs and medicines and prescribed appliances necessary for the treatment of all persons who are receiving general medical services and for the supply of prescribed drugs and medicines necessary for the treatment of persons who are receiving general dental services—these services are known as the ‘general pharmaceutical services’.
- (c) make arrangements with dental practitioners under which any person may, when required, receive dental treatment and appliances—these services are known as ‘general dental services’; and
- (d) make arrangements with ophthalmic medical practitioners and ophthalmic and dispensing opticians for the testing of sight of all persons requiring such a test and for the supply of glasses thereafter found to be necessary—these services are known as ‘the general ophthalmic services’.

On 1st April, 1972, there were 190 doctors (108 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors’ lists was 238,172.

1,618,671 prescriptions were dispensed during the year by City chemists and appliance contractors of which at 31st March, 1972, there were 72. The total cost of these prescriptions to the National Health Service after deduction of patients’ charges was £1,203,686.

During the year, 2,411 claims were submitted by doctors for maternity services rendered to their patients. The gross fees paid for these services amounted to £26,450. The Medical Officer of Health is a member of the Local Obstetric Committee.

At the 31st March, 1972, there were 56 principal practitioners providing general dental services in the City. 85,308 courses of treatment were given during the year 1st April, 1971 to 31st March, 1972, as compared with 78,425 the previous year.

Under the general ophthalmic service, 49,369 sight tests were given during the year, 1,075 to children under arrangements made with the Local Authority. 32,101 persons were supplied with glasses during this period.

The total expenditure on the various services administered by the Council during the year ended 31st March, 1972, was as follows:—

	£
General Medical Services .. .. .	850,804
Pharmaceutical Services .. .. .	1,205,065
General Dental Services .. .. .	335,074
General Ophthalmic Services .. .. .	95,760
Administration .. .. .	43,154
	<hr/>
	£2,529,857
	<hr/>



Based on the Registrar General's estimate of population at 30th June, 1971, this represents an expenditure of £11.43, per head but it should be remembered, particularly of the general dental services and the General Ophthalmic Services, that residents in surrounding areas come into the City and take advantage of the facilities available.

The following members of the Local Authority served on the Executive Council during the period 1st April, 1971 to 31st March, 1972, viz.:—

Coun. B. Abrahams, Coun. E. R. Ball, Ald. Mrs. V. H. Grantham, Coun. J. Kaer, Coun. Mrs. O. Kaer, Coun. Mrs. A. I. Telford, Ald. Dr. M. Thompson and Dr. D. L. Wilson.

## APPENDIX II

### OCCUPATIONAL HEALTH SERVICE

The following tables show the work of the occupational health service for the year.

TABLE I  
PRE-EMPLOYMENT MEDICALS 1971

	<i>Sick Pay</i>	<i>Sup'ation</i>	<i>Teachers</i>	<i>Total</i>
Questionnaires received ..	1,675	821	531	3,027
Accepted without examination	1,296	629	364	2,289
Medical Examinations:				
(a) Routine .. ..	198	111	114	423
(b) Selected .. ..	181	81	53	315
Percentage Selected:				
Fit for employment but unfit for Superannuation and Sick Pay .. .. .	43	10	6	59
Unfit for employment ..	75	12	—	87
Resigned .. .. .	3	2	2	7

TABLE II  
SPECIAL EXAMINATIONS

	<i>Sick Pay</i>	<i>Sup'ation</i>	<i>Teachers</i>	<i>Total</i>
Number referred .. ..	250	50	3	303
Medical Examinations ..	461	101	3	562
Home Visits .. .. .	23	—	—	—
Fit for Light Work .. ..	5	—	—	—
Retired on Medical Grounds	32	3	—	35
Resigned .. .. .	2	1	—	3
Died .. .. .	1	—	—	1
Pending .. .. .	30	—	—	30
Appointment terminated ..	2	—	—	2

TABLE III  
WORK OF MEDICAL CENTRE  
(1970 figures in brackets)

*Medical Examinations:*

(i) Sick pay .. .. .	738	(644)
(ii) On behalf of other Authorities .. .. .	82	(50)
iii) Children in care .. .. .	14	(12)
Children in pre-employment .. .. .	—	(12)
Students F.F.I. .. .. .	—	(17)
Apprentices colour vision .. .. .	—	(20)
	<hr/> 834	<hr/> (755)

*Vaccinations and Immunisations:*

Influenza .. .. .	8	(—)
Polio and boosters .. .. .	56	(113)
Smallpox .. .. .	112	(147)
T.A.B. (T) .. .. .	70	(107)
Yellow Fever .. .. .	24	(10)
Deaf .. .. .	18	(49)
B.C.G. .. .. .	5	(8)
Typhoid .. .. .	1	(—)
Cholera .. .. .	13	(16)
	<hr/> 307	<hr/> (450)

*Treatments:*

Staff—Industrial Conditions .. .. .	685	(633)
Non Industrial conditions .. .. .	4,149	(3,139)
General public .. .. .	80	(70)
	<hr/> 4,914	<hr/> 3,842

## APPENDIX III

### NEW PREMISES COMPLETED DURING 1971

#### ARMSTRONG ROAD CHILD HEALTH CLINIC AND DAY NURSERY

This project situated in the West end of the City replaced the former clinic and day nursery in adapted premises in Woodlands Crescent.

The nursery which provides accommodation for fifty children is situated on the upper floor and has a small outdoor play area at the rear. Responsibility for this nursery was transferred to the Social Services Committee in April 1971.

The child health clinic is designed and equipped to provide the full range of local authority child health services and has office accommodation for nursing staff.

The total cost of the building					
including fees etc.	..	..	..	..	£122,818
Furnishings etc.	..	..	..	..	£4,500
					<hr/>
Total	..				£127,318
					<hr/>

Architect: David Thomas and Associates  
Main Contractor: Stanley Miller Ltd.

## APPENDIX IV

### REPORTS TO HEALTH COMMITTEE

Each month during the year reports on various subjects have been submitted to the Health Committee. Two of these reports are given in full in the following pages.

### SMOKING AND HEALTH

#### MARCH

##### I. PREVIOUS REPORTS

A report was presented to the Committee in 1957 following publication of the Medical Research Council's findings concerning the causal relationship between heavy tobacco smoking and lung cancer.

A further report was presented in 1962 following the publication of the Report of the Royal College of Physicians entitled "Smoking and Health".

A report was again presented to the Health and Social Services Committee in 1967 when the mortality statistics in relation to lung cancer and the progress made nationally and locally was reviewed. At that time the Committee resolved:—

- “(1) that the parents of children approximately 9 years of age be approached annually giving them full information as in the past.
- (2) that head teachers continue to set aside one day in the Autumn term for informing children about the effects of smoking on health.
- (3) that the attention of all Corporation staff be again drawn to the necessity of setting an example to the public generally and particularly to children.
- (4) that the Estate and Property Committee be requested to consider no smoking areas in the Civic Centre, e.g. corridors, rates hall, canteen and other public areas.
- (5) that a further approach be made to theatre and cinema managers enquiring whether they would be prepared to ban smoking in the auditoria of their theatres.

and further resolved—that the Transport and Electricity Committee be asked to prohibit smoking on the upper decks of their public transport vehicles.”

##### II. “SMOKING AND HEALTH NOW”

The Royal College of Physicians has recently produced a further report entitled “Smoking and Health Now” in the hope that this “renewed presentation of the evidence of the dangers of cigarette smoking will at last arouse the public



conscience and persuade the Government to take safe preventive measures against a deadly habit.”

The following is a summary of this report.

### 1. Recent Smoking Habits

Following the publication of the Royal College of Physicians' report in 1962 there was a sharp drop in the number of men smoking cigarettes. This reduction has been maintained in men in professional and skilled occupations but there has been no change in the smoking habits of men in less skilled occupations and the total number of cigarettes smoked is still close to the 1961 level. Filter tip cigarettes have become more popular. Smoking is continuing to increase amongst girls at school but not boys. Smoking by doctors has steadily decreased and now less than one third smoke cigarettes compared with two-thirds of the male population as a whole.

### 2. Tobacco Advertising

The total U.K. expenditure on sales promotion of cigarettes, tobacco and cigars has increased from £2.4 million in 1955 to £52.2 million in 1968, of which £35.2 million relates to gift coupons. The Tobacco Research Council makes an annual contribution to research into the effects of cigarette smoking of about £1 million per annum.

#### *Action by the Government and other authorities following the 1962 Report*

After publication of the 1962 Report the Government issued posters and pamphlets; three films have been made for schoolchildren, strip cartoons inserted in children's comics and three one minute films have been produced for television. The total expenditure by the newly established Health Education Council on these activities has risen to £100,000 per annum. The Ministry of Health has circulated hospitals requesting restrictions on smoking, especially in outpatient departments. A number of hospitals and local authorities have organised anti-smoking clinics. Six months success rate from these clinics vary between 10% and 70% with an average of about 30% and many have been discontinued.

### 3. Death Rates

Cigarette smokers have shorter lives than non-smokers and heavy cigarette smokers have shorter lives than light smokers. There were some 27,500 deaths due to smoking in men aged 25-64 in 1968.

### 4. Risk to cigarette smokers

The chances are that 2 out of every 5 heavy smokers will die before the age of 65 but only 1 out of every 5 non-smokers; put in another way the average smoker of 15 cigarettes a day, aged 30, will expect to lose about  $5\frac{1}{2}$  years of life.

### 5. The effect of stopping smoking

The person who gives up cigarette smoking runs a steadily decreasing risk of dying from its effects and probably after ten years, death or illness rates of such people is comparable with those who have never smoked.

### 6. Disablement by cigarette smoking

Cigarette smoking not only shortens life, it may also cause prolonged ill health. In Britain as many as 15 million working days may be lost to industry every year as a consequence of smoking.

## 7. Chemistry and Pharmacology of Tobacco Smoking

Tobacco smoke contains:—

- (a) known cancer producing substances, some of which can initiate cancer and others which do not themselves produce cancer but accelerate its production by cancer initiators.
- (b) Irritant substances which are responsible for immediate coughing and interfere with the self cleansing mechanism of the lung resulting in more prolonged contact with the cancer producing substances or infective agents leading to chronic bronchitis.
- (c) Nicotine can both stimulate and sedate and its effect on the heart and blood vessels may be why atherosclerosis is commoner in the coronary arteries of cigarette smokers.
- (d) Carbon monoxide, which interferes with the blood's capacity to carry oxygen and could be a factor in limiting athletic performance and interfering with the growth of the unborn child.

## 8. Smoking and Cancer of the Lung

The risks of dying from lung cancer run by light, moderate and heavy smokers are approximately 10, 20 and 30 times as great as in non-smokers. Lung cancer deaths are greater in those who inhale most, who started smoking early or who take more puffs per cigarette or keep it in the mouth between puffs. For those who give up smoking cigarettes the risk of lung cancer decreases rapidly after stopping and within 5 years is about half that of continuing smokers. Deaths from lung cancer are 5 times as frequent in men as in women although the present average cigarette consumption of men is only about twice that of women. This seems mainly to be due to the different smoking habits of women, but if they continue to smoke more, to begin at an early age and to smoke in the way men do the death rate from this disease is likely to become nearly the same.

If present trends continue the total loss of life from lung cancer in the 1970's will be between 45,000 and 55,000 every year with at least one third of these deaths in people under the age of 65. If on the other hand cigarette smoking were to cease in this country the death rate from lung cancer would soon begin to fall and probably within 20 years would reduce the total number of deaths per annum from lung cancer to 5,000 or less.

## 9. Smoking, Chronic Bronchitis and Emphysema

Close relationships have been shown between cigarette smoking and cough with sputum, recurrent chest illness and impaired lung function. When smokers stop smoking their cough and phlegm usually diminish and become less viable to infections. In younger smokers with less structural lung damage lung function may rapidly return to normal. The risks of dying from bronchitis or emphysema run by light, moderate and heavy cigarette smokers are approximately 6, 13 and 20 times as great as in non-smokers. Bronchitis has not shown a steep increase in recent decades but this seems to be related to social improvements and advances in treatment.

Cigarette smoking is today a most important predisposing cause of chronic bronchitis and the emphysema that so often accompanies it, although other factors (such as air pollution) increase the liability of cigarette smokers to develop these diseases. If modern cigarettes were no longer smoked there would ultimately be a great economic saving to industry from reduced sickness absence and to the exchequer from costly treatment."

## 10. Smoking and Diseases of the Heart and Blood Vessels

Whilst coronary heart disease is responsible for about one third of all deaths in men between the ages of 35 and 64 the heavy smoker has approximately twice as much chance of dying from coronary disease as the non-smoker. In the absence



of cigarette smoking the death rate from this disease between the ages of 35 and 64 might well be reduced by as much as 25 % in men and 20 % in women representing in England and Wales the saving each year of the lives of some 7,000 men and 1,500 women at these ages.

### 11. Smokers and Other Conditions

Mothers who smoke during pregnancy have smaller babies than non-smokers and have an increased risk of losing their babies through abortion, stillbirth and death in the first few days of life. Cancers of the mouth, pharynx, oesophagus and probably other organs are commoner in smokers. Smoking delays the healing of gastric and duodenal ulcers. Smokers are more prone to accidents than others and it is estimated that some 100 deaths each year are directly related to fires caused by smoking.

### 12. The Smoking Habit

Reasons for starting to smoke, for the smoking habit becoming established and differences between smokers and non-smokers are reviewed. The smoking habit conforms to the definition of drug dependence. About 1 in 5 regular smokers stop, often only temporarily, especially at younger ages, but few of those who have given up after the age of 50 begin again. Over half of those who have ever given up say that they began again because of the influence of their friends who were still smoking.

"The almost universal attitude that the habit is an innocuous and acceptable part of normal living must be altered if it is to be easier for smokers who stop to maintain their resolve. The desired change could be a natural consequence of increasing numbers of people who have succeeded in stopping and could be helped by greater restrictions in public transport and places of entertainment. It would also be helpful if, for instance, speakers on television programmes did not smoke during their appearances and if non-smoking households did not keep cigarettes to offer to their visitors. The more smokers who abandon the habit, the greater will be their influence on those who continue. It is likely that once a notable trend from cigarette smoking has begun it will be self-propagating for this appears to be happening in the U.S.A."

### 13. Prevention of diseases due to smoking.

"The benefits which people say they derive from smoking are psychological and social. They claim that smoking provides solace in loneliness or distress, tranquillity when agitated or anxious, stimulation for action or work, and ease on social occasions. The experience of many who stop shows that the benefits claimed are more easily dispensed with than expected and many are pleased to be freed from their previous dependance. The pleasures and benefits of smoking have to be weighed against its injurious consequences."

"The evidence presented in this Report shows that cigarette smokers have an increased risk of developing and of dying prematurely from diseases which are caused or aggravated by harmful substances in the cigarette smoke. The increased risk of developing these smoking-related diseases is gradually lost over a period of ten or more years if cigarette smoking is stopped. Those who smoke only pipes or cigars in moderation have risk of illness that is only slightly greater than non-smokers."

If it were possible to identify confidently those especially at risk, preventive measures could be confined to them, but this cannot yet be done. Effective prevention of disease associated with cigarette smoking requires measures of general application.

### 14. Requirements for success in the prevention of diseases due to smoking.

"If success in the control of smoking is really to be achieved the attack must be made on many fronts with a continual flow of information and encouragement



to children and to adults. Education in schools and generally by the mass media and by booklets and pamphlets may heighten awareness of the risks of smoking but is unlikely to carry conviction without demonstrations of Governmental concern by restrictions on advertising, warnings on cigarette packets, tax differentials, and restriction of smoking in public places. Example and personal advice by doctors are needed to affect the individual decision to give up the habit. Once adult smoking has begun to decline the social environment will change to one in which smokers will wish to stop and will find it easier to do so, and in which fewer children will wish to become smokers.”

The Report makes the following recommendations:—

1. Doctors should set an example by still greater abstinence from smoking and must take every opportunity to urge their patients not to smoke cigarettes. Instruction of medical students about the effects of smoking and their responsibilities in this matter must be improved.
2. More effective public information about the health consequences of smoking must be achieved by every means and the Government should consult the Broadcasting Authorities and newspaper proprietors to achieve more effective publicity.
3. Better means of educating children must be developed. Teachers should set an example to their pupils. Regulations forbidding the sale of cigarettes to children should be strengthened, and cigarette vending machines should be removed from public places.
4. Advertisements of cigarettes and gift-coupon schemes should be prohibited.
5. More restrictions on smoking in public transport and places of entertainment should be enforced.
6. Employers' organisations and Trades Unions should agree on wider restrictions of smoking at work; universities should restrict smoking in lectures.
7. Life insurance companies should consider reduced premiums for non-smokers.
8. Warning notices should be printed on packets of cigarettes and, if they are allowed to continue, on cigarette advertisements.
9. More effective techniques for helping unwilling smokers to stop must be developed in special research clinics, and when this has been done smoking control clinics should be established in hospitals, health departments, factories and offices.
10. The tar and nicotine content of all marketed brands of cigarettes should be published and a public statement made on the possible effects of health on smoking them. The Government should consider imposing statutory upper limits on the nicotine and tar content of cigarettes. The Medical Research Council should collaborate with the tobacco industry with regard to tests of cigarettes which are likely to be less hazardous and should conduct research to determine the effects on health of smoking such cigarettes.
11. Those who continue to smoke should be encouraged, possibly by cards enclosed in cigarette packets:
  - to smoke fewer cigarettes,
  - to inhale less,
  - to smoke less of each cigarette,
  - to take fewer puffs from each cigarette,
  - to take the cigarette out of the mouth between puffs,
  - to smoke brands with low nicotine and tar content.
12. The Government must look beyond an easy source of revenue to the reality of the injurious effects of modern cigarettes on the health and economy of

the country; differential taxation of tobacco products should be imposed to discourage more hazardous forms of smoking.

13. An official enquiry should be made into the economic consequences of present smoking habits and of the results of a general reduction in cigarette smoking.
14. A standing Government Committee to co-ordinate smoking control measures should be established.
15. Prevention of diseases caused by smoking can be achieved only if the attack is effectively organised on many fronts. These recommendations have as their goal the preservation of the lives and health of thousands of smokers who would otherwise continue year after year to become ill and to die before their time.

### III. LOCAL MORTALITY STATISTICS

The following table shows the number of lung cancer deaths in men and women in Newcastle upon Tyne since 1947 and the proportion of those deaths to total deaths. The accompanying graph shows the mortality rates per million for these years and compares the Newcastle upon Tyne rates with those for England and Wales.

Cancer of Lungs (All Forms) Newcastle upon Tyne				
Year	Male	Female	Proportion of Lung Cancer to total deaths Male	Female
1947-1950	79*	19*	1 : 25*	1 : 93*
1951-1955	103*	19*	1 : 18*	1 : 92*
1956-1960	138*	22*	1 : 13*	1 : 71*
1961-1965	174*	28*	1 : 10*	1 : 55*
1966	147	25	1 : 11	1 : 58
1967	168	29	1 : 9	1 : 49
1968	160	30	1 : 11	1 : 51
1969	180	34	1 : 9	1 : 45
1970	181	36	1 : 9	1 : 42
1971	203	47	1 : 8	1 : 31

\*Averages for these years.

Up to 1960 the percentage of male deaths in Newcastle upon Tyne caused by lung cancer was increasing but in the last ten years a steady 10% of deaths have been due to this cause. The percentage of female deaths due to lung cancer still seems to be increasing. The lung cancer death rate in Newcastle upon Tyne has throughout the period exceeded the national figures and at present the rate for this City is 30-40% higher than the national rate.

The Report of the Royal College of Physicians considers that it would not be unreasonable to attribute to cigarette smoking 90% of the deaths from lung cancer in men aged 35-64 years; 75% of these from chronic bronchitis and 25% from coronary artery disease. These probably conservative assumptions lead to an estimate of about 140 deaths per annum from these three diseases caused by cigarette smoking among men aged 35 to 64 in Newcastle upon Tyne, one quarter of all deaths at these ages. In relation to women aged 35-64 it may reasonably be assumed that at least 40% of the deaths from lung cancer, 60% from bronchitis and 20% from coronary heart disease may well be due to cigarette smoking. This would lead to an estimate of some 25 female deaths annually due to cigarette smoking in Newcastle upon Tyne.



#### IV. ANTI-SMOKING CAMPAIGN

For the last two years the Committee have agreed to co-operate with the British Temperance Society in arranging for a 5 day plan to stop smoking, which has included the visiting of schools within the City. Preliminary discussions are now taking place to arrange a further 5 day plan at the Civic Centre, possibly during May or June, 1971.

#### V. RECOMMENDATIONS

It is RECOMMENDED:

- (1) that the Health Committee reaffirm its concern about the hazards to which so many smokers are exposed in the City and endorse the recommendations of the Royal College of Physicians in its Report "Smoking and Health Now".
- (2) that the Education Committee be requested to remind headteachers of the importance of educating children about the hazards of smoking, both in primary and secondary schools.
- (3) that the attention of Corporation staff be again drawn to the necessity of setting an example to the public generally and particularly to children.
- (4) that the Committee reaffirm the 'No Smoking' rule in public areas of all its clinics and that the Civic Service Committee be requested to again consider 'No Smoking' areas in the Civic Centre particularly in the Rates Hall, lifts and other public areas.
- (5) that the Committee approve the preliminary arrangements for the 5 day smoking plan in May or June.

## GENERAL PRACTITIONER/LOCAL AUTHORITY NURSING SERVICE ATTACHMENT SCHEMES

### JUNE

The need for co-ordination between the three parts of the National Health Service has been underlined during the discussion currently proceeding about the re-organisation of the National Health Service. The two green papers on this subject and the recent Consultative Document have stressed the need that people suffering from illness have varying and differing needs, and one object of a unified Health Service is to meet these needs as efficiently and effectively as possible through services at present provided by Regional Hospital Boards, Executive Councils and Local Authorities.

Over the past ten years one aspect of co-ordination between local authority and family doctor services has been the attachment of local authority nursing staff to general practitioners. Attachment of staff is increasingly being requested by family doctors and has also been encouraged by the Department of Health and Social Security. The first such liaison scheme was initiated in this City ten years ago and since that time there has been considerable progress made. The objects of such schemes are set out and may be summarised as follows:—

#### District Nurses

The National Health Service Act placed a duty on local authorities to provide either themselves, or on an agency basis, a Home Nursing Service for patients who were ill in their own homes. Traditionally this service was provided on a geographical basis with district nurses serving definite areas of the City. Although nursing in the home at the request of family doctors one nurse could be seeing patients from very many different practices and meetings between the district nurse and each of these family doctors was difficult.



In an Attachment Scheme, instead of having a geographical area, a district nurse is attached to a practice and looks after all patients requiring home nursing for this practice. Regular meetings between the nurse and the doctors ensures closer co-operation so that the treatment can be carried out more effectively for the patients benefit.

A more recent development of attachment schemes is for the district nurse to carry out treatments in the Doctors Surgery, Health Centre or Clinic and does to some extent reduce the number of home visits and means the treatment can be carried out under more ideal conditions. This became permissible under the 1968 Public Health Act.

Increased demands on the Home Nursing Service also arise from reduced stays in hospital, patients are being discharged home earlier for continuation of their treatment.

Both of these policies, particularly the latter, place an increased demand on the Home Nursing Service.

This increasing demand has been to some extent met by a policy of employing more state enrolled nurses and bath orderlies. These staff can work under the supervision of the state registered home nurse, relieving her of some of the less skilled procedures.

## Health Visitors

Health visitors too in the past were deployed in geographical areas with responsibilities towards all pre-school children and mothers in their districts as well as responsibilities for older age groups. However, by attaching a health visitor to work within a practice population, greater opportunities exist for communication with the doctors. Regular meetings take place and discussion on health matters affecting aspects of care is fostered so that common policies can be developed which avoid conflicting advice in matters relating to treatment, infant feeding, immunisation, etc.

As a direct result of this improved communication, there is a much greater speed of action when a need has been revealed and the necessary resources have to be mobilised to meet the needs of the patient. Moreover benefits result from access to the practice medical records as the health visitor becomes a much more valuable member of the team when equipped with knowledge she might otherwise have lacked. In this situation the health visitor becomes a valuable link with the Social Services Department for the provision of meals, home helps, adaptations, or convalescence, and she also links with other local authority departments such as Housing and Education.

The health visitor becomes more closely identified in the minds of patients as a member of the medical care team and thus her influence upon positive measures in Health Education has greatly benefitted. The assistance provided through the health visitor often encourages the doctors to run routine well baby clinics, cervical smear clinics, and vaccination and immunisation clinics; the latter being facilitated by the use of the scheme involving the computer.

Attachment of health visitors aids access to groups of people with whom she has previously had little contact and her role now is with the whole family. This is particularly true with regard to the elderly, and there has been a marked increase in the number of visits to the elderly at the request of family doctors, a similar pattern with regard to the chronic sick is also emerging. Health Education with the middle-aged also becomes feasible.

In the attachment of both district nurses and health visitors, there is a need for accommodation within the doctors' premises to carry out treatments in the case of district nurses, and to hold consultation clinics in the case of health visitors. This accommodation is being provided in health centres and by some group practices.

## Midwifery Service

There have been dramatic changes in the domiciliary midwifery service over the past 10 years and these have been outlined in previous reports.

Basically these changes centre around an increasing hospital confinement rate, which was 94% in 1970, and increasing integration of ante-natal and post natal care between the family doctor, midwife and hospital service.

Again the Public Health Act, 1968 made it permissible for local authority midwives to work in places other than patients homes and local authority clinics—with this in mind arrangements have been made to enable domiciliary midwives to deliver their patients in one Newcastle maternity hospital.

This situation has been reviewed nationally resulting in the production of the Peel Report in 1970 which considered “the future of the domiciliary midwifery service and the question of bed needs for maternity patients” and recommended the development of an integrated midwifery service.

## Local Authority Boundaries

Many family doctor practices extend across local authority boundaries and in the past nursing staff could not work outside the area of their employing authority. Under the 1968 Public Health and Health Service Act it is now permissible for staff to cross boundaries. A pilot scheme between Newcastle upon Tyne and Northumberland was started in 1970 with the Newcastle health visitors and home nurses serving the whole area of a practice extending into Gosforth and with the County reciprocating. Initial results of this scheme are encouraging and requests for its extension have been received from other family doctors.

In organising attachment schemes several practical considerations must be borne in mind:—

1. It is important to try and match the personalities of doctors and nursing staff involved.  
Prior to the introduction of the nurse to the practice discussion between the general practitioners, a senior medical officer and a senior nursing officer take place. The scope of the nurses work is carefully defined; this is essential if the scheme is to operate successfully.
2. It is essential that all future nursing staff should be car users, practice areas being larger than geographical districts.  
At present 10 health visitors (21%), 3 home nurses (6%) and 3 Midwives (20%) are not car users.
3. There are greater demands on the management of the nursing services in arranging, evaluating and reviewing attachment schemes, particularly as members of staff leave and as changes occur in the organisation of family doctors, such as the forming of further partnerships.

The following tables show the trends outlined in previous items of the report:

	1961	1962	1963	1964	1965	1967	1967	1968	1969	1970	1971
No. of District .. Nurses .. ..	47	45	46	47	47	48	48	45	44	50	51
No. of Health .. Visitors .. ..	49	49	49	46	46	49	49	46	48	50	48
<b>Nos. in attached schemes:</b>											
Health Visitors ..	1	2	2	3	7	8	10	12	18	22	24
District Nurses ..	—	—	—	1	5	9	14	15	17	17	18



<i>Size of Practice</i>	<i>No. of Practices</i>	<i>Attached Staff</i>		
Practice of 7	1*	2 Health Visitors	$\frac{1}{2}$ S.R.N.	2 Home Nurses
„ „ 6	—			
„ „ 5	2*	2 Health Visitors	1 S.R.N.	3 Home Nurses
„ „ 4	5*	1 Health Visitor	$\frac{1}{2}$ S.R.N.	4 Home Nurses
		1 „ „		
		1 „ „		
		2 „ „		
		2 „ „		
„ „ 3	9*	12 Health Visitors	1 S.R.N. visiting the elderly	4 Home Nurses
„ „ 2	15	2 Health Visitors		3 Home Nurses
Single Handed	16	1 Health Visitor		1 Home Nurse
				+1 Home Nurse acting as liaison with The Forum Wallsend

\*All practices have attached staff of health visitor.

It is RECOMMENDED that—

1. the Committee receive this report and agree a policy of extending attachment of nursing staff to smaller practices.
2. Approve the development of reciprocal cross boundary attachments with Northumberland.
3. Discussions on integrating the midwifery services continue with the obstetric division of the University Hospitals Group with a view to presenting a further report to Committee.

## APPENDIX V

### CENSUS OF POPULATION 1971

The first of the 1971 Census figures have been published.

These show that the City population has fallen by 48,000 since the last census in 1961.



## CENSUS 1951, 1961, 1971

1971  
221,845  
106,630  
115,215

1961  
269,678  
129,506  
140,172

1951  
291,724  
138,977  
152,747

Total  
Male  
Female

## Population

## Age Distribution

Age Distribution	Male		Female		Total Persons		
	1951	1961	1951	1961	1951	1961	1971
Total All ages	138,977	129,506	152,747	140,172	291,724	269,678	221,845
0-4	13,353	11,281	12,782	10,750	26,135	22,031	16,005
5-9	10,269	9,891	10,072	9,567	20,341	19,458	16,610
10-14	9,895	11,145	9,816	10,810	19,711	21,955	17,005
15-19	8,700	9,122	9,800	9,307	18,500	18,429	17,420
20-24	9,346	8,813	10,987	9,273	20,333	18,086	19,680
25-29	11,442	8,477	11,505	7,815	22,947	16,292	11,555
30-34	10,597	7,978	10,998	8,016	21,595	15,994	10,725
35-39	10,455	8,977	11,147	8,941	21,602	17,918	10,860
40-44	10,564	8,760	11,056	9,177	21,620	17,937	12,295
45-49	9,923	9,015	10,968	9,716	20,891	18,731	14,310
50-54	8,798	9,074	10,081	9,737	18,879	18,811	14,270
55-59	7,430	8,358	8,893	9,481	16,323	17,839	14,720
60-64	6,220	6,691	7,902	8,336	14,122	15,027	14,145
65-69	4,775	4,932	6,452	7,020	11,227	11,952	12,270
70-74	3,763	3,437	5,165	5,535	8,928	8,972	9,005
75-79	2,340	2,044	3,164	3,687	5,504	5,731	10,920
80-84	838	1,113	1,424	2,081	2,262	3,194	
85-89	235	343	454	764	689	1,107	
90-94	33	49	72	142	105	191	
95+	1	6	9	17	10	23	

# APPENDIX VI

## POST NEONATAL DEATHS

The Table of Infant Deaths gives details of the numbers of infants dying before completing the first year of life for the period 1961-1971.

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Infant deaths (under 1 year) ..	118	106	105	113	112	106	93	76	54	68	70
Infant mortality rate per 1,000 live births .. ..	24.4	22.2	22.3	25.0	25.1	25.0	24.1	20.8	16.3	20.4	22.2
Post neonatal deaths (over one month and under a year) ..	32	42	25	40	32	42	31	39	21	26	35
Post neonatal mortality rate per 1,000 live births ..	6.6	8.8	5.3	8.8	7.2	9.9	8.1	10.7	6.3	7.8	11.1
Neonatal deaths (under one month) .. ..	86	64	80	73	80	64	62	37	33	42	35
Neonatal mortality rate per 1,000 live births .. ..	17.8	13.4	17.0	16.2	17.9	15.1	16.0	10.1	10.0	12.6	11.1
Early neonatal deaths (under one week) .. ..	76	52	70	65	66	58	49	30	24	30	30
Stillbirths .. ..	95	101	111	83	67	68	72	49	49	39	54
Stillbirth rate per 1,000 total births .. ..	19.2	20.8	23.1	18.1	14.8	15.8	18.3	13.3	14.6	11.6	17.1
Perinatal mortality rate per 1,000 live and stillbirths ..	34.6	32.9	37.4	32.2	29.4	29.0	30.7	21.4	21.7	20.0	26.6

During this period the number of infants dying in the first month of life, neonatal deaths, has steadily improved. The number of those dying aged over one month and under one year, post neonatal deaths, has not shown improvement. Since the number of post neonatal deaths each year is relatively small the rate is likely to fluctuate. However, the post neonatal mortality rate for 1971 of 11·1 per 1,000 live births is the highest since 1951, when it was 13·7. (The provisional rate for England and Wales for 1971 is 5·9 per 1,000 live births).

An analysis of the cause of post neonatal deaths, derived from death certificates, for the period 1967-1971, is shown in the following table.



## POST NEONATAL DEATHS BY CAUSE OF DEATH, 1967-1971

	1967	1968	1969	1970	1971
All Cases	31	39	21	26	35
Acute Bronchoillitis	15	15	11	15	15*
All other Respiratory infection without additional Pathology	5	3	4	—	1
†All other Respiratory infection with additional Pathology	—	—	—	1	2
Sudden Infant Death Syndrome	—	—	—	—	4
Inhalation of Vomit	—	—	2	1	2
Congenital Heart Disease without additional Pathology	4	6	—	—	4
‡Congenital Heart Disease with additional Pathology	4	5	1	1	—
All other Congenital Abnormalities	1	2	—	3	3
Genetically Determined Abnormalities	—	1	—	2	1
Gastro enteritis	2	3	1	2	1
All other causes	—	4	2	1	2

N.B.—Details of other Pathology in cases with multiple Pathology which are entered as index cases is † or ‡.

† 1970 (i) Mongolism

1971 (i) Mongolism; (ii) Chickenpox

‡ 1967 (i) Chest infection; (ii) Pneumonia and Hydrocephalus; (iii) Mongolism; (iv) Cerebral Embolus

1968 (i) Pneumonia; (ii) Pneumonia and Mongolism; (iii) Mongolism (iv) Cerebral Thrombosis; (v) Cerebral Sinus Thrombosis

1969 (i) Pneumonia

1970 (i) Pneumonia

\*1971 One case of Acute Bronchiolitis also had Mongolism.

It will be seen from this table that the major cause of death is acute bronchiolitis; which, in the years surveyed, accounts for between 38% and 51% of all post neonatal deaths.

In considering the epidemiology of these post neonatal deaths, they have been analysed by month of the year in which death occurred and this is shown in the accompanying chart (Chart I). This shows deaths certified as being due to acute bronchiolitis as opposed to all other causes.



Regarding deaths due to acute bronchiolitis, it will be seen that, whilst these occur sporadically throughout each year, there appears to be two areas of significant clustering. One of these occurred in the last quarter of 1970 and the first quarter of 1971; when there was a total of 18 deaths. The other occurred in the first quarter of 1967; when there were eight deaths. In 1966 (not shown) there were seven deaths in the last quarter of this year; making a total of 15 deaths for these two consecutive quarters. These clusters suggest that, from time to time, acute bronchiolitis occurs in epidemic form.

As already stated the above epidemiological analysis of post neonatal deaths is based on death certificates. However, discussion with the Department of Virology indicates that although acute bronchiolitis is a specific clinical condition and post mortem diagnosis, the diagnosis is not always substantiated by subsequent histological and virus studies. A number of these deaths clearly come into the category of sudden infant death syndrome—formerly cot deaths—a diagnosis which may be under represented owing to reluctance to use a term which carries undertones of lack of care.

Conversely, similar studies on one of the four infants dying in 1971 from sudden infant death syndrome showed that death was in fact due to acute bronchiolitis. For this reason these deaths have also been analysed by month of occurrence of death (not shown). They occurred in this last two quarters of 1971 and thus there is no correlation with the clustering of deaths from acute bronchiolitis already noted.

The other major cause of post neonatal death is that associated with congenital abnormalities. In 1968 this group was responsible for a third of all deaths. It is well recognised that virus infections during pregnancy especially in the first three months, can lead to a wide variety of congenital abnormalities. For this reason these deaths have been analysed by quarter of the year in which conception of the infant occurred. This information is shown in the accompanying chart (Chart 2).

## CHART 2

Conception, by quarter of conception, of babies born with congenital abnormalities and subsequently dying during 1967-1971

1970	2	1	2	1
1969	1	—	4	—
1968	1	1	—	—
1967	—	3	2	1
1966	—	3	6	6



In each of the years, other than 1966, conception of the children subsequently born with congenital abnormalities appears to be sporadic throughout the year. However, in 1966 there were nearly three times as many conceptions of such children as in any of the other years surveyed. In this year there also appears to be significant clustering of 12 such conceptions in the last two quarters of the year.

There is no evidence that an epidemic illness, such as influenza, was in any way responsible. Scrutiny of the Department of Health and Social Security's new claims for sickness benefit for the City for 1966 and the first quarter of 1967 do not indicate unusually high figures compared to other years.

1966 was an epidemic year for german measles. Because of this the names and addresses of all women between the ages of 16 and 45 years who were notified as having german measles during 1966 and the first quarter of 1967 were matched against the names and addresses of the children dying with congenital abnormalities. No correlation was found.

